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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director January 3, 1977

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COMMUNICABLE DISEASES REPORTED - 1976

The table at the bottom of the Weekly Bulletin presents the cumulative totals, by week, of selected reported communicable diseases in San Francisco. Publication of these figures alerts the practicing physician to the prevalence of a particular disease at a given time, in order to plan for the health of patients. Also, these same figures can remind the general population of potential health hazards for which to take appropriate measures. A later Bulletin will review the venereal disease situation, particularly the continued high incidence of syphilis and the increase in gonorrhea.

Successful immunization can reduce certain diseases to the vanishing point. This is dramatically brought to our attention by the deletion from the current list of such formerly common diseases as diphtheria, tetanus and poliomyelitis. Reported cases of pertussis (whooping cough) and rubella are gratifyingly low.

There is some satisfaction in the apparent stabilization in the number of tuberculosis cases, which remains at a relatively low level. However, the number is sufficiently large to indicate that the control of tuberculosis remains an important public health problem. The drop in mumps and chickenpox cases probably reflects the cyclical nature of these diseases over a 5-10 year period. Vaccines against measles-mumps-rubella in combination are available and strongly recommended. The major decrease in the number of reported cases of measles this year is the result of a major program of immunization against this disease. The outbreak in 1975 should prevent us from becoming complacent.

San Francisco shares with most of the country a relatively high rate of viral hepatitis. The increase over last year mirrors a California trend. Serum hepatitis is contracted from virus-contaminated blood, associated with transfusions in surgery and/or the so-called "drug culture", and from some sexual contacts. The incidence of infectious hepatitis is usually greater among crowded populations living under poor sanitary conditions. Many "communes" in San Francisco and neighboring areas can be so described.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 52nd WEEK ENDING DECEMBER 31, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	-	101	76	23	8
Chickenpox	3	137	246	350	112
Gonorrhea	319	17,088	15,754	15,217	13,067
Hepatitis, Viral	7	1,309	893	905	624
Measles	1	29	481	191	11
Meningococcal Inf.	-	2	4	10	1
Meningitis, Other	-	40	34	51	21

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	31	215	230	54
Pertussis	-	2	5	5	1
Rubella	-	15	34	95	17
Salmonellosis	1	161	107	171	110
Shigellosis	8	602	338	254	85
Syphilis	31	1,754	1,922	1,746	1,170
Tuberculosis	10	331	334	327	290

Deaths for the week from communicable diseases:
Pneumonia 0
Typhoid Fever 1

	1976	1975
Deaths recorded for the week:	176	147
Births recorded for the week:	121	120

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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Lorraine H. Smookler, M.D., Acting Director

January 10, 1977

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CHANGES IN TUBERCULOSIS SCREENING PROGRAM

Tuberculosis has long been one of the most serious communicable diseases. Although modern scientific methods for the detection and treatment of tuberculosis have reduced deaths from the disease, 335 new active cases of tuberculosis were reported in San Francisco in 1976 (compared to 345 in 1975 and 306 in 1974) with much of the increase reflecting the immigration of groups in whom tuberculosis is more prevalent. Although fewer people are dying from the disease, there is continued need to detect and control tuberculosis to protect the public health.

The last decade has witnessed significant changes in tuberculosis control. This is reflected by many fewer x-ray studies and more reliance on the skin test to detect infected individuals. The x-ray units at the Central Office and at Health Center 5 are under-utilized at a time of increasing budgetary constraints. In addition, the x-ray units at the Central Office are over 15 years old and are increasingly expensive to maintain. Replacement of these units would be unjustifiably expensive in view of the decreased usage and the existance of the new equipment at San Francisco General Hospital Medical Center.

Effective February 1, 1977, the Division of Tuberculosis Control is instituting the following changes in its tuberculosis control services:

1. The screening unit (x-ray, skin tests, etc.) at Central Office, 101 Grove Street, will be closed. These screening services will be transfered to San Francisco General Hospital Medical Center at 22nd Street and Potrero Avenue, Ward 94. The hours for tuberculosis screening at this new location will be from 12:30 PM to 4:00 PM, Monday through Friday. No appointment is necessary.
2. The x-ray unit at Health Center 5, 1351 24th Avenue, will be closed with services transfered to the Medical Center, Ward 94.

Tuberculin skin tests will still be available in all of the District Health Centers as well as chest x-rays at Health Center 4, 1490 Mason Street.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1st WEEK ENDING JANUARY 7, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	-	-	4	2	0
Chickenpox	1	1	12	8	1
Gonorrhea	230	230	211	351	189
Hepatitis, Viral	18	18	16	13	4
Measles	-	-	-	1	0
Meningococcal Inf.	-	-	-	1	0
Meningitis, Other	2	2	1	1	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	-	-	1	0
Pertussis	-	-	-	0	0
Rubella	-	-	-	2	0
Salmonellosis	5	5	6	2	0
Shigellosis	3	3	16	2	0
Syphilis	36	36	25	44	14
Tuberculosis	3	3	3	4	1

Deaths for the week from communicable diseases:
Pneumonia 7
Serum Hepatitis 1

	1977	1976
Deaths recorded for the week:	215	207
Births recorded for the week:	291	250

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — January 17, 1977

1976 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO, BY OCCURRENCE

	1976 PROVISIONAL	1975 FINAL
Live Births	11,900	11,049
Deaths	8,615	8,462
Deaths under 1 year	235	232
Neonatal deaths (under 28 days)	170	168
Maternal deaths	2	4
Fetal deaths	115	150
SOME IMPORTANT CAUSES OF DEATH		
Diseases of heart	2,630	2,589
Cancer	2,150	2,058
Cerebrovascular diseases	880	841
Accidents	420	470
Cirrhosis of liver	330	347
Influenza and Pneumonia	225	246
Suicide	220	222
Other diseases of arteries	155	133
Homicide	150	146
Certain diseases of early infancy	115	99
Congenital anomalies	105	81
Arteriosclerosis	90	90
Diabetes	90	77
Bronchitis, Emphysema and Asthma	85	87
All Other Causes	970	976
	8,615	8,462

Provisional figures indicate that the births registered in San Francisco in 1976 may be 7% greater than in 1975. This reverses a downward trend begun in 1962. Deaths registered in the City may rise by about 2%. This also reverses a downward trend begun in 1973. Approximately the same proportion of these events are occurring to non-residents as last year: 37% of the births and 18% of the deaths. The first seven causes of death will be the same as in 1975, but Other Diseases of the Arteries will replace Homicide as the eighth leading cause. 30% of all deaths have been coded to heart disease, 25% to cancer, 10% to cerebrovascular disease, 5% to accidents, 4% to cirrhosis, 3% to influenza and pneumonia, and 2% to suicides.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2nd WEEK ENDING JANUARY 14, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	-	-	6	3	0
Chickenpox	5	6	28	24	2
Gonorrhea	387	517	474	635	317
Hepatitis, Viral	27	45	42	30	16
Measles	-	-	1	11	0
Meningococcal Inf.	-	-	-	1	0
Meningitis, Other	-	2	1	3	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Mumps	-	-	-	5	0
Pertussis	-	-	-	1	0
Rubella	-	-	-	3	0
Salmonellosis	2	7	12	4	2
Shigellosis	4	7	24	6	1
Syphilis	18	54	25	35	21
Tuberculosis	7	10	18	9	4

Deaths for the week from communicable diseases:
Pneumonia 5

	1977	1976
Deaths recorded for the week:	205	131
Births recorded for the week:	310	202

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

January 24, 1977

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REPORT ON RECENT SWINE FLU PROGRAM

The San Francisco Swine Flu Program ended its immunization activities on December 16, 1976 when the Communicable Disease Center in Atlanta, Georgia halted the nation-wide program. As of that date, approximately 70,000 persons are known to have been immunized in San Francisco. Almost one-third of that number, 21,000 persons, received a flu shot in a City health facility. Another 25,000 persons attended one of the special mass clinics operated by the program. The remaining 24,000 were immunized by clinics voluntarily set up by hospitals, neighborhood health agencies and other community organizations; this also includes flu shots given by physicians to private patients, employee and student groups.

The total number immunized amounts to 15% of the population age 18 and older eligible to receive a swine flu shot. It had been the expressed priority of the Health Department to immunize the elderly and other medically high risk persons; over 63% of all those immunized were in this category. The program, as conducted in San Francisco, had been designed to respond to whatever the public demand dictated. Basically, flu shots were available for those who wanted them and as many as 250,000 persons could have been accommodated.

If anything else, the swine flu immunization experience in San Francisco has demonstrated that a large number of individual people and organizations within the City are willing to come forward to volunteer time, skills and other resources to make a mass immunization program possible. A wide variety of organizations and groups participated in this recent effort; individual volunteers alone numbered over 1,000 persons. In spite of all the controversy around the national swine flu program, these people and organizations stood ready to be mobilized in the event of any real threat of an epidemic. We sincerely thank them for their dedication to and concern for the health of all San Francisco's people.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 3rd WEEK ENDING JANUARY 21, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	0	6	3	1
Chickenpox	1	7	46	24	2
Gonorrhea	365	882	715	806	570
Hepatitis, Viral	20	64	71	50	29
Measles	0	0	2	19	1
Meningococcal Inf.	0	0	-	1	0
Meningitis, Other	0	2	3	5	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	0	0	13	3
Pertussis	0	0	-	1	0
Rubella	0	0	1	8	0
Salmonellosis	0	7	13	10	3
Syphilis	44	98	75	92	31
Shigellosis	3	10	31	14	1
Tuberculosis	3	10	25	15	8

Deaths for the week from communicable diseases:

Pneumonia	1
Serum Hepatitis	1
Chickenpox	2

	1977	1976
Deaths recorded for the week:	163	179
Births recorded for the week:	237	280

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director FEB 1 1977 January 31, 1977

THE CRIPPLED CHILDREN SERVICES PROGRAM

Most medical conditions which require long-term, expensive care are covered by the Crippled Children Services Program of the San Francisco Health Department. Any case where costs are catastrophic is reviewed so that comprehensive care may be provided. The program includes children from birth to 21 years of age who have chronic physical defects or illnesses which can be corrected by medical and surgical treatment and which require expert care by medical specialists. Diagnostic services for a suspected eligible condition are given regardless of family income. Treatment is provided after financial screening to determine that a family qualifies in accordance with standards set by the State. A new Standard Budget for maximum annual family income becomes effective annually to reflect the cost of living and to enable the Crippled Children Services Program to relieve families from overwhelming treatment costs.

Currently, the CCS Program has expanded to include care for persons over 21 years old with cystic fibrosis, hemophilia, sickle cell anemia,and amniocentesis for the mother of a child born with a genetic defect, with the exception of Down's Syndrome. Legislation is in progress to effect uniform financial eligibility for all age groups.

Crippled Children Services eligible conditions include:

- Orthopedic defects due to congenital malformation, injury or infection; examples - cerebral palsy or paralysis following polio or accidents.
- Defects needing plastic reconstruction such as cleft lip and palate,burn scars.
- Eye defects leading to loss of vision.
- Chronic respiratory diseases.
- Inborn errors of metabolism including phenylketonuria.
- Blood dyscrasias including sickle cell anemia and hemophilia.
- Convulsive disorders; example - uncontrolled epilepsy.
- All neoplasms.
- Birth defects where immediate treatment is needed in the neonatal period to save the baby's life.
- Hyaline Membrane or respiratory distress syndrome.
- Ear defects leading to loss of hearing.
- Orthodontic defects.
- Defects of the genito-urinary system, including kidney disease and tumors.
- Endocrine and metabolic disorders such as uncontrolled diabetes mellitus.
- Severe skin disorders (individual review).
- Heart defects.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 4th WEEK ENDING JANUARY 31, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	1	8	3	1
Chickenpox	0	7	46	26	4
Gonorrhea	398	1,280	969	1,275	847
Hepatitis, Viral	34	98	103	63	47
Measles	2	2	2	52	2
Meningococcal Inf.	0	0	-	1	0
Meningitis, Other	1	3	3	5	1

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	0	1	26	5
Pertussis	0	0	-	1	0
Rubella	0	0	1	12	1
Salmonellosis	5	12	17	14	6
Shigellosis	2	12	53	18	1
Syphilis	50	148	100	125	83
Tuberculosis	4	14	30	27	14

Deaths for the week from communicable diseases:
Pneumonia 1

	1977	1976
Deaths recorded for the week:	158	195
Births recorded for the week:	319	256

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director February 7, 1977

AMBULANCE "ADVANCED LIFE SUPPORT"

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A new system for pre-hospital care of emergency patients is being initiated in San Francisco. The system consists of a sophisticated communication network, staffed by specially trained ambulance personnel. It has been more than four years in planning and development.

Most of the San Francisco Department of Public Health ambulances are now equipped with Advanced Life Support Units. Each of these is a compact, portable self-contained unit which includes an electronic blood pressure system, an electrocardiogram monitor, defibrillator, telemetry for transmission of electrocardiograms and voice communication capability. They are mounted in the ambulance, but may be removed to the scene of the emergency (street,home,etc.) and may be attached to the ambulance gurney. A telemetry monitoring terminal is in use at San Francisco General Hospital Medical Center. At present, one private ambulance company and three hospitals have been authorized and are using the system. Other private ambulance companies and hospitals will participate in the system when their equipment and staffing are ready and when they have executed contracts with the City for use of the City's Communications and Telemetry System Center at Central Emergency.

State legislation provides that ambulance personnel who have satisfactorily completed specific training may be certified as "mobile intensive care paramedics". A paramedic in direct voice communication with a physician may carry out his orders for treatment of a patient at the scene of the emergency and en route to the hospital.

The Department of Public Health training requirements for paramedics exceed State requirements. To be certified in San Francisco, the candidate must have satisfactorily completed 715 hours of training. This includes classroom instruction, training at S.F. General Hospital in the Emergency Service, the Coronary Care Unit, Intensive Care Unit and Respiratory Intensive Care Unit, plus 200 hours of supervised experience in the ambulance on actual runs.

Training is conducted by John Adams Community College in cooperation with the Health Department's Emergency Medical Services and S.F. General Hospital. As of December, 1976, the College had trained and the Director of Public Health had certified 51 paramedics. Twenty-nine of these are with the Department of Public Health; the others are with private ambulance companies. All paramedics are subject to recertification every two years.

Certified paramedics staffing ambulances with life support equipment hold promise for better emergency care for the people of San Francisco.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 5th WEEK ENDING FEBRUARY 4, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	-	1	10	4	1
Chickenpox	-	7	46	35	6
Gonorrhea	397	1,677	1,301	1,584	1,100
Hepatitis, Viral	23	121	130	80	58
Measles	3	5	2	69	2
Meningococcal Inf.	-	-	-	1	0
Meningitis, Other	-	3	4	5	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	1	1	2	58	6
Pertussis	-	-	-	2	0
Rubella	1	1	1	15	1
Salmonellosis	4	16	18	19	8
Shigellosis	18	30	67	25	1
Syphilis	61	209	150	168	113
Tuberculosis	4	21	34	43	17

Deaths for the week from communicable diseases:
Pneumonia 0 Tuberculosis 1

	1977	1976
Deaths recorded for the week:	168	175
Births recorded for the week:	234	187

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — February 14, 1977

THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR 1977-78

In summary form, the Department's budget for the fiscal year starting July 1, 1977, is represented on the following two pages. The first page briefly describes the principal concerns and intended accomplishments for each of the divisions of the Department of Public Health. The second page lists the projected expenditures by program. Persons wishing to examine the Work Programs in detail may inspect copies which will be available within two weeks at the Main Branch of the Public Library or at any of the five District Health Centers.

The Public Health division of the Department is concerned that the non-revenue-generating programs, whose responsibilities are the prevention of illness and the promotion of health and a healthful environment,may be curtailed because of budgetary constraints. If prevention programs are reduced, the costs to San Francisco for the treatment of disability and disease could far exceed the relatively modest costs for Public Health services. The Department intends to bolster its capacity to plan for and administer these programs effectively and efficiently.

The City's hospitals (San Francisco General and Laguna Honda) and Emergency Medical Service are faced with the problem of meeting rising community demands for services with limited budgetary and personnel resources. In particular, Laguna Honda Hospital needs to increase the number of long-term care beds and to modernize its plant in order to conform to recent safety regulations, and San Francisco General Hospital needs to raise its average daily census in order to function more efficiently. The hospitals will focus their energies on responding to the community's need for services and on providing quality care as economically as possible.

For Community Mental Health Services, the following three program deficiencies loom the largest: (1) care for children and youth; (2) services to minorities, especially the bilingual; and (3) care for chronic patients. Following close behind are the need for the reorganization of drug abuse services, stabilization and development of the new Department of Psychiatry at San Francisco General Hospital, and a reduction of state hospital overutilization. CMHS is also facing a fiscal crisis occasioned by declining federal grants upon which services are significantly dependent. CMHS intends to develop the capacity to monitor, evaluate and provide assurances of quality control in its managerial function.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6th WEEK ENDING FEBRUARY 11, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	3	4	10	5	1
Chickenpox	-	7	47	37	8
Gonorrhea	351	2,028	1,619	1,853	1,315
Hepatitis, Viral	24	144	153	91	67
Measles	8	13	2	75	2
Meningococcal Inf.	-	-	-	2	0
Meningitis, Other	3	6	5	6	2

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Mumps	-	1	3	56	7
Pertussis	-	-	-	2	0
Rubella	-	1	1	16	1
Salmonellosis	9	25	18	23	9
Shigellosis	20	50	75	34	1
Syphilis	43	252	175	205	135
Tuberculosis	2	23	39	47	25

Deaths for the week from communicable diseases:

Pneumonia	3
Tuberculosis	1

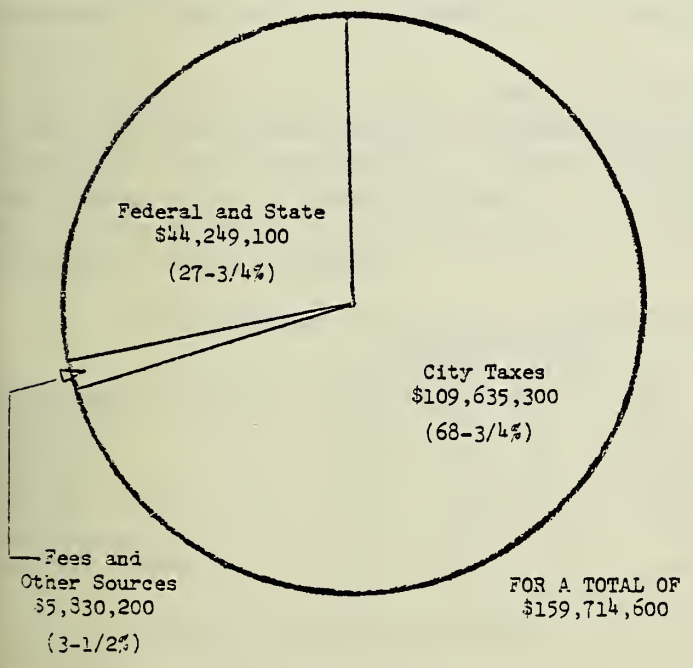
	1977	1976
Deaths recorded for the week:	152	163
Births recorded for the week:	264	180

DEPARTMENT OF PUBLIC HEALTH

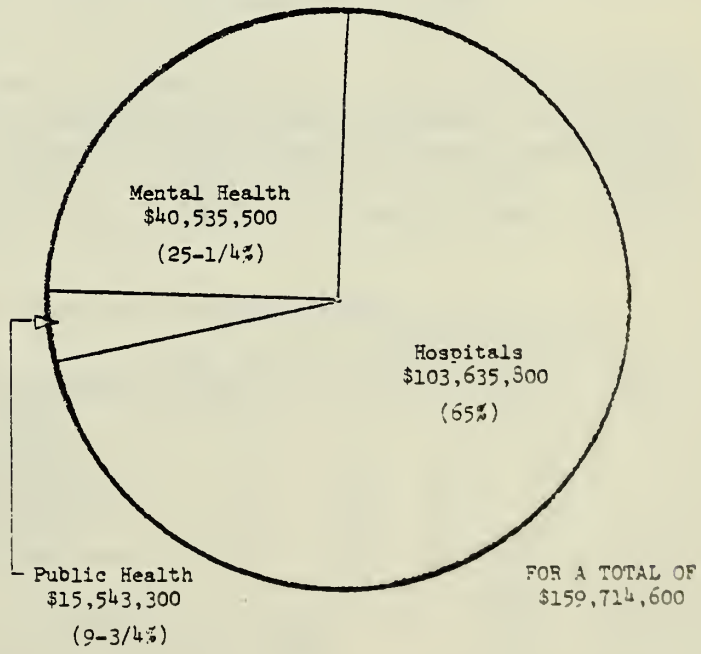
GENERAL FUND EXPENDITURES

	Budgeted 1976-1977	CAO-approved Budget 1977-1978
Public Health Services		
Accounting	1,795,500	2,038,400
Administration	1,104,700	1,547,500
Dental Bureau	396,400	501,200
Disease Control and Adult Health	208,700	234,400
Tuberculosis and Venereal Disease Control	1,297,800	1,497,900
District Health Centers	4,302,100	4,662,800
Environmental Health Services	1,683,400	2,307,200
Jail Medical Programs	602,700	1,201,000
Maternal and Child Health	915,700	948,800
Juvenile Court Medical Clinic	232,500	270,000
Public Health Education	43,800	44,000
Public Health Laboratories	631,300	713,800
Public Health Nursing	82,000	139,800
Records and Statistics	168,400	197,800
Target Population Community Contracts	427,400	529,300
TOTAL	13,895,000	16,833,900
Hospitals		
Emergency Hospital Services	2,861,800	3,706,800
Hassler Hospital	46,300	46,300
Laguna Honda Hospital	21,704,500	24,290,900
San Francisco General Hospital Medical Center	45,136,500	59,437,900
TOTAL	69,749,200	87,481,900
Mental Health Services		
Administration	5,861,700	6,601,000
Emergency Services (Hospital)	594,500	619,200
Mental Health Centers	14,532,100	15,986,800
Specialty Programs	5,002,800	5,213,100
TOTAL	25,991,100	28,420,100
GRAND TOTAL	109,635,300	132,735,900

In 1976-1977 your health dollars came from:



In 1976-1977 your health dollars went to:



WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

February 21, 1977

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CHILDREN'S DENTAL HEALTH WEEK

The purpose of the annual Children's Dental Health Week is to focus public attention on the need for improving the dental health of children. It is important for parents to help their children establish good dental health habits so that these habits will carry over into adult life. While dental disease is widespread, it is controllable. The solution to the problem lies in prevention - through education and the application of scientific knowledge.

As sugar consumption is directly related to decay, the kinds of sweets a child eats and how often he eats them is important. For example, avoid between-meal snacks, particularly if they are from the sugary food group. Children like to snack, so try to limit snacking to such foods as raw vegetables, milk, cheese, nuts, eggs, fresh fruits, luncheon meats, sugar-less candy or gum and dietetic soft drinks. On the other side of the spectrum, avoid as snacks such foods as jams, jellies, syrups, dried fruits and all kinds of sugar candies and pastries. If dessert is eaten, have it with dinner - not between meals.

Dental scientists have determined that dental plaque,or bacterial plaque,is the chief factor in both tooth decay and gum disease. Plaque is a colorless layer or film of harmful bacteria that develops on tooth surfaces. Dentists have long known that sugar and starches are acted upon by bacteria in the mouth to create acids. It is this acid which attacks enamel, even-tually eating through it to create dental caries or decay. The bacteria in plaque convert certain types of food into the decay-causing acids. Because bacterial plaque is almost al-ways forming on the teeth, the acid is almost always present, reaching peaks when sugars are eaten. Plaque must be removed daily to prevent tooth decay and gum disease. This can be done by a thorough toothbrushing after eating - at least once a day. The daily use of dental floss will help to remove plaque from areas where the toothbrush cannot reach. Periodic professional cleaning of the teeth at the dentist's office will remove calculus.

In a city such as San Francisco, which fluoridates its water supply, it is still important that the child receive additional protection from fluoride-containing toothpaste and topical applications until about age 13. These should be coupled with regular dental examinations to halt early signs of dental disease. Plaque removal, a good diet low in sugars, regular visits to the dentist and the benefits of fluoride all contribute to help insure a child's mouth free of dental disease.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7th WEEK ENDING FEBRUARY 18, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	-	4	14	6	1
Chickenpox	2	9	48	41	11
Gonorrhea	289	2,317	1,904	2,127	1,555
Hepatitis, Viral	16	157	186	108	83
Measles	5	18	3	80	2
Meningococcal Inf.	-	-	-	3	-
Meningitis, Other	-	6	5	8	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	1	3	62	7
Pertussis	-	-	-	2	0
Rubella	5	6	1	19	1
Salmonellosis	-	25	19	28	13
Shigellosis	3	53	84	40	7
Syphilis	44	296	175	253	145
Tuberculosis	4	27	46	50	26

Deaths for the week from communicable diseases:

Pneumonia	3
Tuberculosis	1

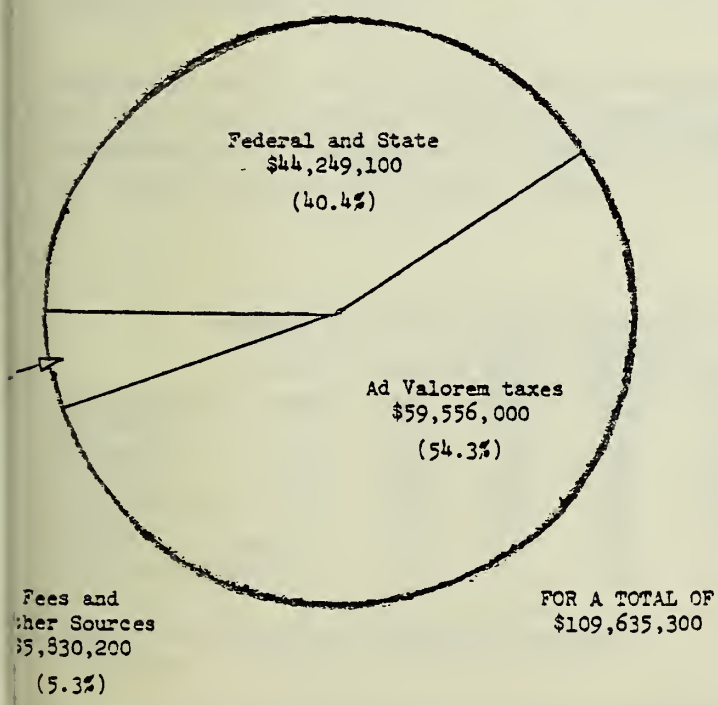
	1977	1976
Deaths recorded for the week:	210	201
Births recorded for the week:	265	366

DEPARTMENT OF PUBLIC HEALTH

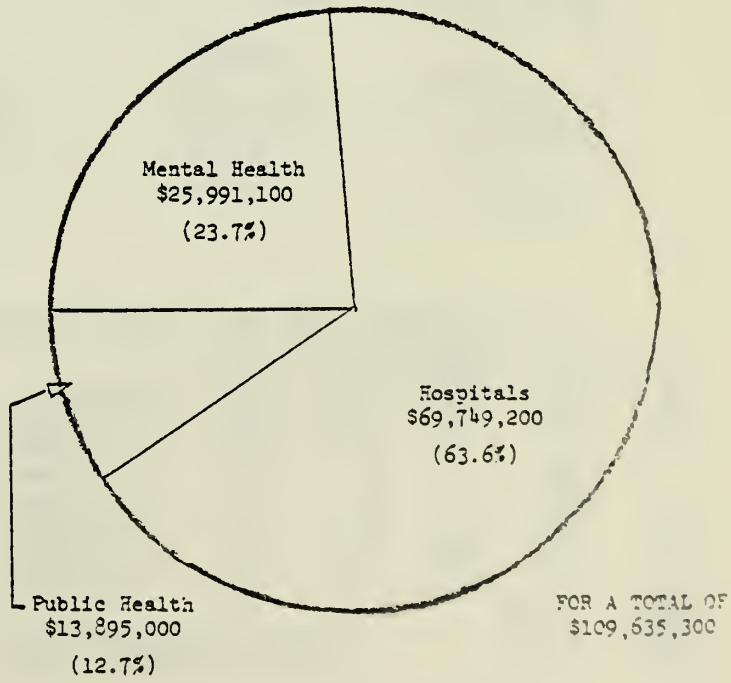
GENERAL FUND EXPENDITURES

	Budgeted 1976-1977	CAO-approved Budget 1977-1978
Public Health Services		
Accounting	1,795,500	2,038,400
Administration	1,104,700	1,547,500
Dental Bureau	396,400	501,200
Disease Control and Adult Health	208,700	234,400
Tuberculosis and Venereal Disease Control	1,297,800	1,497,900
District Health Centers	4,302,100	4,662,800
Environmental Health Services	1,683,400	2,307,200
Jail Medical Programs	602,700	1,201,000
Maternal and Child Health	915,700	948,800
Juvenile Court Medical Clinic	232,500	270,000
Public Health Education	43,800	44,000
Public Health Laboratories	631,300	713,800
Public Health Nursing	82,000	139,800
Records and Statistics	168,400	197,800
Target Population Community Contracts	427,400	529,300
TOTAL	13,895,000	16,833,900
Hospitals		
Emergency Hospital Services	2,861,800	3,706,800
Hassler Hospital	46,300	46,300
Laguna Honda Hospital	21,704,500	24,290,900
San Francisco General Hospital Medical Center	45,136,500	59,437,900
TOTAL	69,749,200	87,481,900
Mental Health Services		
Administration	5,861,700	6,601,000
Emergency Services (Hospital)	594,500	619,200
Mental Health Centers	14,532,100	15,986,800
Specialty Programs	5,002,800	5,213,100
TOTAL	25,991,100	28,420,100
GRAND TOTAL	109,635,300	132,735,900

In 1976-1977 your health dollars came from:



In 1976-1977 your health dollars went to:



REVISED 2/15/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

February 28, 1977

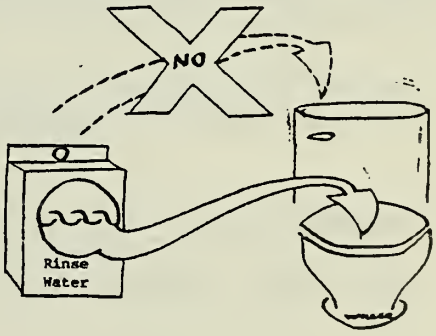
THE WATER SHORTAGE CRISIS - USE "GREY WATER"

Although San Franciscans have not yet felt the full effects of the current drought and the resultant water shortage, it is important that all residents learn of methods of making our water resources last longer for the rationing that today appears as a real possibility. Water quantities for citizens of neighboring counties already have been severely curtailed, and many measures have been taken to conserve these limited supplies - measures which San Francisco residents also will be forced to follow if the water shortage continues. Many county programs emphasize the use of bottles or other space-reducing devices in toilet tanks, use of short wash cycles on dishwashers and washing machines, decreased lawn watering, reduced water flow during showering, and similar water-saving methods.

A large area of water conservation available to most of us is the use of so-called "GREY WATER" for flushing toilets. Approximately seven to eight gallons of water is used during a normal toilet flushing. This can be reduced to two to three gallons per flush simply by using "GREY WATER" - water that normally would be wasted.

"GREY WATER" is nothing more than water that has been used in some other daily operation, as during dishwashing, laundry washing (especially washers that discharge water into a laundry sink), bath water, and even water collected from the rain gutter. Simply collect and save this water in suitable containers, and as necessary, use a bucketful (approximately three gallons) of this waste water to flush the toilet by pouring it directly into the toilet bowl. (See diagram.)

DO NOT PLACE THIS WATER INTO THE TOILET TANK AS BACK-PRESSURE MAY CONTAMINATE THE HOME DRINKING WATER SUPPLY!



Mandatory water rationing in San Francisco is not far away. Do your share in conserving our dwindling water supplies - use "GREY WATER" to flush the toilet in your home.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 8th WEEK ENDING FEBRUARY 25, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Amebiasis	-	4	30	6	2
Chickenpox	4	13	55	52	13
Gonorrhea	227	2,544	2,158	2,413	1,808
Hepatitis, Viral	17	172	215	118	89
Measles	-	18	3	87	2
Meningococcal Inf.	-	-	-	3	0
Meningitis, Other	-	6	7	10	2

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Mumps	-	1	6	71	10
Pertussis	-	-	-	2	0
Rubella	3	9	1	24	1
Salmonellosis	3	28	21	30	14
Shigellosis	4	57	89	55	14
Syphilis	25	321	225	292	163
Tuberculosis	4	31	53	54	34

Deaths for the week from communicable diseases:
Pneumonia 3

	1977	1976
Deaths recorded for the week:	161	200
Births recorded for the week:	185	200

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director March 7, 1977

DOCUMENTS
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PLASTIC BAG AND WRAPPER HAZARD

A dangerous by-product of modern technological development has been found in the misuse of thin plastic bags and wrappers which can cause suffocation if brought to the face. This plastic material is polyethylene, four to six thousandths of an inch thick, which is a very useful product as a protective covering for cleaned garments, food, and other goods. In appearance, it is shiny, soft-to-the-touch, silky, pliable, and is translucent. All these qualities make plastic film attractive to children as playthings.

If plastic bags are left within reach of small children, they may cause disaster. Children like to pull the bags over their heads and are delighted because they can see through them. The ultra-thin film, however, may cling to the face, shutting off air from the mouth and nose. If this happens, only prompt intervention can prevent suffocation. Parents have inadvertently caused infant deaths from suffocation by the use of plastic dry-cleaning bags as improvised mattress covers, pillow covers, or mattress protectors.

Plastic bags, as used by the cleaning and food packaging industries, are useful articles which are here to stay. They have been accepted as another modern convenience. However, we should be aware of the risks involved when these bags are used as playthings. All parents should know and observe the following precautions:

1. After a plastic bag, cover, or wrapping has served its purpose, dispose of it! Do this by burning or by tying it into knots and disposing into a refuse container.

2. Never use plastic film as a cover for mattresses, pillows or blankets!

3. Never let children play with plastic film or leave it about where they can have access to it!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 9th WEEK ENDING MARCH 4, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	5	31	6	2
Chickenpox	13	26	62	55	14
Gonorrhea	296	2,840	2,374	2,576	2,039
Hepatitis, Viral	26	198	243	132	107
Measles	2	20	5	101	2
Meningococcal Inf.	0	0	-	3	0
Meningitis, Other	0	6	8	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	1	6	94	13
Pertussis	0	0	-	2	0
Rubella	5	14	1	28	1
Salmonellosis	5	35	25	31	14
Shigellosis	17	74	108	57	14
Syphilis	28	349	250	315	188
Tuberculosis	6	37	57	59	37

Deaths for the week from communicable diseases:

Pneumonia	2
Meningitis	1

	1977	1976
Deaths recorded for the week:	160	197
Births recorded for the week:	303	249

3-14-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

March 14, 1977

GAS HAZARDS IN RECREATIONAL VEHICLES

Preliminary findings from a recent survey indicate that serious gas leakage frequently occurs in recreational vans, motor homes, and other recreational vehicles, including small trailers and pick-up campers. 410 recreational vehicles were surveyed from July through November, 1976, in the state of New Mexico. Of this number, 60, or 15%, of the units were found to have inside carbon monoxide (CO) concentrations in excess of 34 parts per million. In 173 units (42%), liquefied petroleum gas leaks were detected.

CO is given off by the incomplete burning of solid, liquid or gaseous fuel. There is a well-known danger of CO from gasoline-burning combustion engines with the warning not to let an automobile engine run in an enclosed space and to check for leaks in the exhaust. The survey found two recreational vehicles with engine exhaust fumes leaking into the vehicle. However, in 58 of the 60 vehicles, the source was an appliance such as an oven, gas lamp or stove.

The causes of the liquefied petroleum gas leaks found included loose or faulty connections, pilot lights inadvertently left on but not lit, and faulty burner control valves. These gas leaks create a hazardous condition which may result in fire or explosion. The leaking gas settles to the floor as liquefied petroleum gas is heavier than air. It may be present in a high enough concentration to be ignited.

CO is a deadly poisonous gas which cannot be seen, has no odor or taste and is non-irritating. It should be noted that CO is particularly hazardous at high altitudes. Low levels of CO in an enclosed area cause headache, dizziness and sleepiness. Continued exposure causes nausea, vomiting and irregular heartbeat. Prolonged exposure at increased levels brings shortness of breath, unconsciousness and death. Any device that uses fuel can produce CO from incompletely burned fuel. This is increased if the air inlet is improperly adjusted or clogged by debris or dirt. In a recreational vehicle, such devices would include a hot water heater, stove and oven, lamp, space heater or engine.

All owners of the vehicles surveyed were notified of the hazards. They were generally unaware of the leaks and CO hazards. While some faulty design of venting systems was found, the major contributing factors were inadequate maintenence, carelessness, and the operators' lack of knowledge concerning the operation and maintenence of their appliances. It's important for all operators of recreational vehicles to become aware of the dangers of CO and liquid petroleum gas and the safety factors which must be observed to prevent a possible tragedy.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 11th WEEK ENDING MARCH 11, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	6	33	6	2
Chickenpox	5	31	65	78	15
Gonorrhea	393	3,233	2,642	2,840	2,286
Hepatitis, Viral	20	218	285	141	123
Measles	0	20	7	119	2
Meningococcal Inf.	0	0	-	4	0
Meningitis, Other	0	6	8	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	1	6	99	14
Pertussis	0	0	-	2	0
Rubella	4	18	1	32	1
Salmonellosis	3	36	28	32	16
Shigellosis	14	88	118	62	16
Syphilis	38	387	250	344	232
Tuberculosis	13	50	78	66	39

Deaths for the week from communicable diseases:

Pneumonia	1
Viral Hepatitis	1

	1977	1976
Deaths recorded for the week:	163	184
Births recorded for the week:	140	142

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

March 21, 1977

POISON PREVENTION WEEK

The week of March 20-26 has been designated National Poison Prevention Week to remind us that accidental poisoning continues to be an all too frequent, but preventable, cause of injury and death. It is estimated that each year, approximately a half million people are accidentally poisoned in the United States. In San Francisco, although there are far more non-fatal poisonings than those which end in death, there were 120 resident deaths from accidental poisoning in 1975.

Most accidental poisonings in the home occur to children, particularly those under five years of age. A poison is anything you eat, breathe or touch that causes illness or death. Our modern world is full of hazardous products - drugs (particularly aspirin, tranquilizers and iron tablets), household cleaners, pesticides, petroleum products and even common plants. There are many poisonous substances which are not labeled "poison". Anything can be poisonous if taken in large enough doses. The degree of poisoning depends on the amount swallowed and the size of the person who swallows it.

What can be done to prevent these needless tragedies?

1. Keep all potentially poisonous materials out of sight and out of reach.
2. Keep all poisonous materials in the original container - over 1/2 of the poisons ingested are not in the original container or have no warning label.
3. Never tell children that medicine "tastes like candy". This will encourage them to try more.
4. Throw away unused medicines - in a safe way. Flush them down the toilet rather than throwing them into garbage cans.

Parents should develop a plan to use when poisoning does occur. Every family should always keep Syrup of Ipecac in the home. Syrup of Ipecac is an emetic which will cause the child to vomit. An ounce bottle can be purchased at nominal cost at any pharmacy and comes with directions for proper use. Aspirin, tranquilizers, pesticides and sleeping pills are some of the poisons for which ipecac is used. It should not be used in poisoning with a corrosive or petroleum product.

What should parents do if a poisoning occurs? (1) Call your doctor or the Emergency Medical Service (431-2800) immediately and follow doctor's orders. (2) It is important to dilute the poison and get it out. Dilute the poison by giving a lot of water to drink. Give a tablespoon of Syrup of Ipecac to induce vomiting and save the vomitus for examination. (3) Take the child to the doctor or emergency hospital at once. Bring suspected poison and vomitus.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12th WEEK ENDING MARCH 18, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Amebiasis	1	7	35	7	2
Chickenpox	4	35	78	75	15
Gonorrhea	284	3,517	2,868	3,078	2,500
Hepatitis, Viral	21	238	313	161	134
Measles	1	21	7	147	2
Meningococcal Inf.	0	0	-	4	0
Meningitis, Other	0	6	8	11	2

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Mumps	1	2	7	101	15
Pertussis	0	0	-	2	0
Rubella	0	18	1	36	2
Salmonellosis	0	36	29	34	19
Shigellosis	0	88	126	69	16
Syphilis	36	423	325	382	251
Tuberculosis	6	56	84	74	41

Deaths for the week from communicable diseases:
Pneumonia

	1977	1976
Deaths recorded for the week:	150	185
Births recorded for the week:	154	197

3-28-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — March 28, 1977

HEAD LICE IN SCHOOL-AGE CHILDREN

Pediculosis, or human infestation with lice, still occurs even in societies with generally good standards of sanitation and personal hygiene. Any child or adult may inadvertently acquire an infestation by contact with infested people or their clothing or other articles. Human lice can establish and maintain themselves only on human beings. These lice are part of a large group of insects called sucking lice, which spend their entire lives on the bodies of their animal hosts where they suck blood for nourishment and obtain necessary moisture and warmth. There are three distinct kinds of human lice: head lice, body lice, and pubic or crab lice. The names indicate the areas of the body on which each is usually found.

Currently, there appears to be a high incidence of head lice among children of school age throughout San Francisco, not restricted to any particular area. The head louse infests the hair of the head and causes itching and irritation of the scalp, particularly at the back of the head, a preferred nesting spot. The louse eggs, which are called nits, can be detected firmly attached to the hair. They are small, greyish bodies which first appear near the scalp but later are found on all parts of the hair. The incidence of head lice is greater among those with long or dense hair. Transmission is by intimate contact with an infected person, the lice easily traveling from head to head. The use of infected head-gear such as hats,ski caps,hair bands and ornaments,combs and hair brushes,clothing,linen and towels and an infected person's sleeping bag all also afford a means of transmission.

An infected person should consult a physician for treatment. This would include examination of the entire family and treatment of all those infected at the same time. Medicated shampoo can be prescribed by the doctor or non-prescription shampoos may also be purchased. These include "A-200 Pyrinate" shampoo and "RID". A second treatment with shampoo may be necessary. This must be followed by a vinegar and water rinse and a thorough fine-tooth combing to remove any remaining nits. It is very helpful to cut the hair, especially when very long.

It is the parents' particular responsibility to check their children's hair for lice and nits and to follow through with effective treatment when head lice infestation is found.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13th WEEK ENDING MARCH 25, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	8	38	7	2
Chickenpox	2	37	87	117	21
Gonorrhea	371	3,888	3,374	3,430	2,738
Hepatitis, Viral	27	265	344	176	145
Measles	4	25	7	175	2
Meningococcal Inf.	1	1	-	4	0
Meningitis, Other	-	6	8	12	3

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	2	9	111	17
Pertussis	-	-	-	3	0
Rubella	2	20	2	38	5
Salmonellosis	4	40	29	35	20
Shigellosis	13	101	126	77	18
Syphilis	47	470	375	419	285
Tuberculosis	7	63	90	81	50

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	165	192
Births recorded for the week:	none	287

4-4-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

APR 4 1977

April 4, 1977

APRIL 1977 - VD AWARENESS MONTH

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"Don't give a dose to the one you love most" is the title of a rock song which many San Franciscans have obviously not heard. In 1976,the gonorrhea rate in San Francisco ranked third among cities with a population of 200,000 or more, while the infectious syphilis rate ranked second! In 1977, it is estimated that one of every four San Franciscans between the ages 15-45 will catch VD!

REPORTED CASES OF INFECTIOUS VENEREAL DISEASE - SAN FRANCISCO

	1955	1966	1972	1973	1974	1975	1976
Syphilis	143	536	1,130	1,463	1,573	1,795	1,523
Gonorrhea	1,383	7,420	13,067	13,251	14,354	16,019	17,014

Gonorrhea cases reported are continuing on an upward trend with a 6.7% increase in 1976. Much of this increase was the result of elevated reporting from private physicians. VD among teenagers decreased in 1976.

April has been designated as VD AWARENESS MONTH by Mayor George Moscone. In his proclamation, he urges every citizen "to become aware of syphilis and gonorrhea, both symptoms and complications, and to make others equally aware. And I do further urge every San Francisco citizen to get a VD check-up this month."

Throughout the month,our VD Information Line will provide tape messages after 6:00 PM on Gonorrhea,Syphilis,the new Gonorrhea Strain,and the other Sexually Transmitted Diseases. During daytime hours, staff will be available to answer questions from the public. The Information Line number is 495-6463.

Finally, VD AWARENESS DAYS are scheduled for April 5th at Civic Center Plaza, April 12th at Union Square, April 19th at 18th and Castro Streets, and April 26th at California and Polk Streets. Hours will be from 12:00 to 1:30 PM and activities will include free VD testing, pamphlets and counseling. Assemblyman Willie Brown will be the guest speaker on April 5th at Civic Center Plaza and Gene Washington, wide receiver for the San Francisco Forty-Niners will speak at Union Square on April 12th.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 1, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	8	40	7	2
Chickenpox	2	39	88	128	24
Gonorrhea	274	4,162	3,673	3,847	3,002
Hepatitis, Viral	15	280	371	189	158
Measles	0	25	7	192	2
Meningococcal Inf.	0	1	-	6	0
Meningitis, Other	2	8	9	12	4

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	1	3	9	111	17
Pertussis	0	0	-	3	0
Rubella	1	21	5	38	5
Salmonellosis	0	40	37	39	22
Shigellosis	4	105	132	87	23
Syphilis	33	503	400	474	314
Tuberculosis	5	68	98	91	53

Deaths for the week from communicable diseases:

Pneumonia	3
Tuberculosis	1
Meningitis	1

	1977	1976
Deaths recorded for the week:	151	165
Births recorded for the week:	556	152

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

DOCUMENTS

April 11, 1977

APR 13 1977
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VIRAL HEPATITIS - Type A

Viral hepatitis continues to rise rapidly in incidence in San Francisco, in contrast with the State of California. The state-wide case totals rose slowly from approximately 9,000 to 10,000 during the years 1974 through 1976. However, the San Francisco totals increased from approximately 600 reported cases in 1974, to 900 cases in 1975, and to over 1,300 in 1976.

Two types of viral hepatitis are recognized at this time, although there may possibly be other types not yet identified. Type A was formerly called "infectious" hepatitis and Type B was "serum" hepatitis. Type A usually occurs about twice as frequently as Type B. Only Type B can be definitely identified by a laboratory test at this time, the hepatitis-associated antigen test (H.A.A. test). An infected patient may be able to pass either virus to a contact as long as a week before the patient even feels any symptoms of illness. The following, on Type A, is the first of a two-part outline of information important in the effort to diminish person-to-person transmission of the hepatitis virus. The second part, on Type B, will appear in the next Weekly Bulletin.

The Type A virus is most commonly food-transmitted: the patient contaminates his or her hands with the virus from feces or urine and then carries the virus by way of the hands to food or drink which is swallowed by a contact. The contact may develop symptoms of the disease in approximately two to seven weeks. The infection may also be passed directly from patient to contact through oral-sexual or other intimate person-to-person household contact. If the contact is given a proper dose of human immune serum globulin in less than 10-14 days after being infected, (preferably as soon as possible), the disease and its symptoms may be prevented. However, the contact may still have the virus in the blood-stream and be able to infect others.

Symptoms of Type A hepatitis may vary from mild to severe; they generally resemble an influenza-type infection, with fever, aches, pains, headache, perhaps vomiting, diarrhea and cramps. In a later stage, some days after the onset, jaundice develops in about 50-60% of the cases (dark urine, pale feces and yellow color in the skin and white portion of the eyes). Treatment must be prescribed by a physician, although a mild form of the disease may require no more than bed-rest and simple home nursing procedures.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 8, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	9	40	8	2
Chickenpox	0	39	90	133	37
Gonorrhea	372	4,534	3,905	4,201	3,274
Hepatitis, Viral	25	303	413	203	172
Measles	0	25	7	215	2
Meningococcal Inf.	0	1	0	6	0
Meningitis, Other	0	8	10	12	4

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	2	5	9	116	21
Pertussis	0	0	0	3	0
Rubella	0	21	5	40	6
Salmonellosis	0	40	39	41	22
Shigellosis	7	112	140	101	23
Syphilis	48	551	400	521	347
Tuberculosis	3	71	102	93	56

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	167	144
Births recorded for the week:	306	252

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine R. Smookler, M.D., Acting Director April 15, 1977

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APR 20 1977
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VIRAL HEPATITIS - Type B

In last week's Bulletin, we discussed Type A hepatitis, one of the two major forms of a viral infection which is rapidly increasing in incidence in San Francisco. This is in contrast to a slow rise in California as a whole.

In contrast to Type A, hepatitis Type B may be a much more severe infection and may cause permanent damage to body tissues, especially the liver. Type B was formerly thought to be transmitted only by injection under the skin from contaminated laboratory or blood-transfusion needles or from self-administered street-drug hypodermic syringes. It is now recognized that Type B can also be transmitted by food and oral-sexual or other person-to-person intimate contact, similar to the ways described for transmission of Type A. The infected contact may incubate the disease from two to six months before developing symptoms. The Type B patient may become infectious to others before feeling ill, as in Type A, and may eventually even become a long-term (chronic) carrier of the disease. For this reason, persons who have had viral hepatitis are not accepted as blood donors. Contacts may receive partial protection against the disease if they receive a proper dose of human immune serum globulin within no more than two to three weeks after exposure.

Treatment of Type B should be directed by a physician; the complication rate is greater than in Type A, and requires cautious post-illness follow-up. It may cause much more serious inflammation and damage to liver tissue and liver function. It may continue to recur in apparently recovered patients for several years after the initial infection. Physicians recommend that no person attempt self-diagnosis or self-treatment, since it is impossible to predict the course of either Type A or Type B hepatitis in the early stages.

Many persons may have had either type of hepatitis in a relatively mild form, and the disease may have been unrecognized. Therefore, a fairly large part of any urban population unknowingly may be immune to one or both forms of hepatitis and all contacts to active cases may not necessarily contract the disease.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15th WEEK ENDING APRIL 15, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	10	47	9	2
Chickenpox	1	40	96	146	57
Gonorrhea	228	4,762	4,192	4,409	3,505
Hepatitis, Viral	21	324	456	221	189
Measles	-	25	7	252	3
Meningococcal Inf.	-	1	-	6	0
Meningitis, Other	-	8	10	12	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	5	10	123	22
Pertussis	1	1	-	3	0
Rubella	-	21	5	40	6
Salmonellosis	-	40	39	43	23
Shigellosis	4	116	152	102	24
Syphilis	36	587	450	544	389
Tuberculosis	2	73	105	99	62

Deaths for the week from communicable diseases:
Pneumonia 3

	1977	1976
Deaths recorded for the week:	139	174
Births recorded for the week:	201	275

2/S 4/25/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — April 25, 1977

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SCREENING FOR COLO-RECTAL CANCER

The San Francisco Department of Public Health, through its five District Health Centers, and the American Cancer Society, San Francisco Unit, have begun a city-wide program to screen 10,000 senior residents of the City for early signs of colo-rectal cancer. The program is expected to last a year.

Early detection is the key to curability of colo-rectal cancer. In 1977, over 100,000 Americans will develop cancer of the colon or rectum and approximately 50,000 will die. It is the most common malignancy (except for skin cancer) encountered equally by men and women, with incidence increasing with age. As many as 75% of the cases, if diagnosed early enough, could be cured with treatment. In San Francisco, the death rate for cancer of the colon is significantly higher than the rate for California and the rest of the United States due to the older population found living within the City.

After preliminary education classes for seniors covering general information on colo-rectal cancer and how to take part in the test,participants will pick up take-home kits. The signs and symptoms of colo-rectal cancer differ, but often the first sign is intermittent blood in or on the stools, which may or may not be seen. Hemocult, the take-home test kit which detects hidden blood, will be given to participants who will take samples from three successive bowel movements. The test kits are then mailed to the S.F. Public Health Laboratory for evaluation.

The American Cancer Society will notify the participants of positive or negative test results by letter, and those with positive results will be urged to see their personal physician so that he can investigate further in order to determine the source of the blood. Most positive tests are not cancer. Other treatable abnormalities can be detected as well.

Colo-rectal cancer screening programs have been successfully conducted in many locations throughout the United States and in other countries as well. This is the first program of its kind to be done in San Francisco, and the first major program designed to be a joint effort between the public and voluntary health sectors. San Francisco residents who wish to take part in this program should phone their nearest District Health Center.

District Health Center #1	- 3850 17th St. near Sanchez	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-1800
District Health Center #4	- 1490 Mason at Broadway	558-3158
District Health Center #5	- 1351 24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16th WEEK ENDING APRIL 22, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	11	54	11	3
Chickenpox	25	65	97	166	57
Gonorrhea	263	5,025	4,689	4,586	3,756
Hepatitis, Viral	23	347	489	241	203
Measles	0	25	7	267	3
Meningococcal Inf.	0	1	-	6	0
Meningitis, Other	0	8	10	13	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	9	10	128	23
Pertussis	0	1	-	4	0
Rubella	1	22	6	46	6
Salmonellosis	3	43	40	47	30
Shigellosis	8	124	161	113	24
Syphilis	25	612	500	569	401
Tuberculosis	6	79	110	109	72

Deaths for the week from communicable diseases:

Pneumonia	1
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	166	152
Births recorded for the week:	189	203

5/2/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director

May 2, 1977

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HYPERTENSION SCREENING

In all human beings, blood pressure changes continually, rising during exertion or excitement and decreasing during sleep. But, when pressure goes much above the upper limits of normal range (about 140/90) and remains that way, it becomes the disease called hypertension or high blood pressure. This causes damage to the heart and blood vessels and may result in heart attack, stroke or kidney failure.

High blood pressure is a national health problem affecting 23 million Americans or one out of every ten. For those who are over 50 years of age and for blacks, the chances of having high blood pressure are about one out of three. Women have a higher incidence than men after age 55. While there is no cure for hypertension, it usually can be controlled by treatment, including medication, diet changes, exercise, rest and relaxation. While therapy may be as simple as a pill a day, it usually must continue for a life-time, which the asymptomatic patient finds difficult to follow as he feels well.

As early hypertension is usually without symptoms, serious consequences may occur without warning. It is important for people to have their blood pressure checked periodically and if it is higher than normal, to seek medical evaluation. The San Francisco Department of Public Health provides screening for high blood pressure as each of its five District Health Centers. Individuals who are given this test receive a written report of the results, and if the screening indicates further follow-up, they are referred to their usual source of medical care for treatment. For further information about this service, the individual should telephone the District Health Center nearest or most convenient to his residence.

District Health Center #1 - 3850 17th St. near Market 558-3905

District Health Center #2 - 1301 Pierce St. at Ellis 558-3256

District Health Center #3 - 1525 Silver Ave. near San Bruno 468-3664

District Health Center #4 - 1490 Mason St. at Broadway 558-3158

District Health Center #5 - 1351 24th Ave. near Irving 558-3246

NOTE: May is National High Blood Pressure Month.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 17th WEEK ENDING APRIL 29, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	12	54	11	3
Chickenpox	3	68	104	168	75
Gonorrhea	368	5,393	5,070	4,869	4,047
Hepatitis, Viral	18	365	522	253	213
Measles	0	25	8	301	3
Meningococcal Inf.	1	2	-	7	0
Meningitis, Other	3	11	10	13	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	1	6	11	133	24
Pertussis	0	1	-	4	0
Rubella	1	23	6	48	6
Salmonellosis	3	46	46	50	30
Shigellosis	7	131	177	117	28
Syphilis	45	657	550	626	431
Tuberculosis	8	87	115	115	76

Deaths for the week from communicable diseases:

Pneumonia 2

	1977	1976
Deaths recorded for the week:	144	158
Births recorded for the week:	313	300

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

May 9, 1977

THE FIRST-AID KIT

Now is the time to check the home first-aid cabinet and the first-aid kit kept in the family auto - for more accidents happen in the summer than in any other season of the year. A properly equipped kit, with fresh supplies which are kept replenished after use, is a very practical aid in relieving many minor injuries and ailments. It may even be life-saving before medical help arrives. But, the best time to provide the home or auto first-aid kit is before it is needed. The following first-aid supplies are suggested:

1. Sterile gauze pads
2. Sterile gauze bandages
3. Adhesive tape
4. Adhesive dressings
5. Absorbent cotton - sterile
6. Triangular bandage
7. A mild antiseptic
8. Syrup of ipecac
9. Petroleum jelly
10. Calamine lotion
11. Aromatic spirits of amonia
12. Tweezers
13. Scissors with rounded ends
14. Clinical thermometer
15. Flashlight

For autos, the American National Red Cross suggests a specially designed compact unit with standardized first-aid materials fitted into a case, like blocks. The packet is readily stored and the supplies do not become easily disarranged. Each packet is clearly labeled and instructions for use are included. These kits can be obtained at auto supply stores, department stores, etc., with contents selected to meet the purchaser's particular needs. Ask your physician regarding other medications for such things as car-sickness, upset stomach, allergies, etc. Take some road flares for car safety.

Regardless of how well-equipped the home or auto first-aid kit is, its effective use depends on family members knowing how to give aid properly. A course in first-aid, as well as training in cardiopulmonary resuscitation (CPR) can be an invaluable investment.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 18th WEEK ENDING MAY 6, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	13	55	12	3
Chickenpox	3	71	107	184	62
Gonorrhea	347	5,740	5,456	5,151	4,327
Hepatitis, Viral	17	382	552	265	230
Measles	1	26	9	342	4
Meningococcal Inf.	0	2	-	7	0
Meningitis, Other	0	11	11	13	6

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	6	12	140	29
Pertussis	0	1	-	4	0
Rubella	0	23	6	55	6
Salmonellosis	1	47	46	51	30
Shigellosis	13	144	182	124	28
Syphilis	66	723	575	664	445
Tuberculosis	2	89	125	122	81

Deaths for the week from communicable diseases:
Pneumonia 4

	1977	1976
Deaths recorded for the week:	163	146
Births recorded for the week:	103	75

5-16-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

May 16, 1977

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DIARRHEAS AND HEPATITIS AS SEXUALLY TRANSMITTED DISEASES

People tend to think of gonorrhea and syphilis as THE infectious diseases associated with sex. However, we are recognizing other diseases that are spread by oral-anal and oral-genital contact. These STD's (sexually transmissible diseases) include Shigellosis, Salmonellosis, Typhoid Fever, Amebic Dysentary, and Hepatitis A and B. Alternate and varied life styles, in addition to sexual experimentation, are contributing to the rapid increase of these diseases.

Shigellosis, Salmonellosis, Typhoid and Amebic Dysentary are associated with some or all of the varied symptoms of bowel disease: cramps, diarrhea, bloody stool and fever. Shigellosis or Salmonellosis may only take hours or, at most, a couple of days to develop. Therefore, the sexual source and transmission of the infection is easily identified. Typhoid Fever and Amebic Dysentary, however, may take up to three weeks to develop. This time lapse often obscures the sexual origin of transmission.

Hepatitis A and B (infectious and serum, respectively) can also be transmitted sexually. Hepatitis A is transmitted through fecal contamination, most directly by oral-anal sex. The Hepatitis B virus, in addition to being spread by skin injection with contaminated needles, appears in urine, semen, and saliva, making sexual transmission possible.

People should also remember that food contaminated with the above-mentioned germs can spread these diseases in the traditional manner. Therefore, those who have acquired the diseases sexually can transmit them to other members of their household through insanitary food handling practices. Persons infected with these diseases should consult a physician, have their sexual partners checked for infection, and be extremely careful to handle food in a sanitary manner.

For more information, telephone the VD Information Center at 495-6463.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19th WEEK ENDING MAY 13, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	14	65	12	3
Chickenpox	2	73	108	192	62
Gonorrhea	357	6,097	5,754	5,503	4,522
Hepatitis, Viral	18	400	590	284	244
Measles	1	26	9	356	5
Meningococcal Inf.	-	-	-	7	0
Meningitis, Other	1	12	11	13	6

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	6	12	142	29
Pertussis	-	1	-	4	0
Rubella	1	24	6	57	6
Salmonellosis	2	49	57	51	33
Shigellosis	9	153	211	124	32
Syphilis	34	757	600	706	496
Tuberculosis	7	96	131	125	88

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	164	156
Births recorded for the week:	346	349

F/S 5-23-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — May 23, 1977

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MAY 25 1977
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HAY FEVER

Each spring, hundreds of San Franciscans are beset by allergic symptoms of weepy eyes, stuffed or runny noses, sneezing, wheezing and the general discomfort which marks the onset of their annual bout with hay fever. In many cases, the symptoms are mild enough to be mistaken for a spring cold. Others suffer intensely, with considerable loss of time from work or school.

Whether mild or severe,the symptoms should not be regarded lightly as they may be associated with other diseases. This allergic reaction, which is rarely caused by hay and hardly ever associated with fever, is due to the inhalation of airborne pollen from trees, grasses, molds or weeds by those who have a sensitivity to such substances. Elsewhere in the country, ragweed is the usual source of the offending particles. In the Bay Area, most cases of spring hay fever are caused by tree pollen, particularly that of the common oak tree.

Mild seasonal attacks of hay fever can usually be treated effectively with simple medications prescribed by a physician. More severe or persistent cases may require skin tests and desensitization against the offending substance. If asthma or other complications occur, other methods of treatment may be required. The physician can determine which treatment is best for each individual case.

There are also a number of personal measures one can take to avoid or ease the distressing symptoms. Try to keep doors and windows closed as much as possible during the susceptible period. Central air conditioning with filtration, although expensive, can provide gratifying relief. If this is not practical, a window unit in the bedroom can help towards a good night's sleep. Obviously, a sensitive person should not take walks through fields or woods, and he should plan his vacation for the period during which he is usually afflicted. A trip of only a hundred miles away to a place free from the offending pollen can allow one to breathe freely.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING MAY 20, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	3	17	66	12	3
Chickenpox	1	74	108	199	65
Gonorrhea	346	6,443	6,089	5,673	4,748
Hepatitis, Viral	13	413	604	295	250
Measles	1	28	10	404	5
Meningococcal Inf.	1	3	-	9	0
Meningitis, Other	4	16	11	14	6

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	6	15	147	29
Pertussis	0	1	-	4	0
Rubella	1	25	6	60	6
Salmonellosis	1	50	57	52	33
Shigellosis	10	163	224	133	32
Syphilis	31	788	625	726	508
Tuberculosis	2	98	134	131	92

Deaths for the week from communicable diseases:

Pneumonia 5

	1977	1976
Deaths recorded for the week:	182	167
Births recorded for the week:	180	107

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — May 30, 1977

SAFE BICYCLE RIDING

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Bicycle riding is a healthful exercise and fun for the whole family. An increased use of bicycles in recent years has resulted in many new riders, both young and old. Americans ride bikes today for pleasure, recreation and health. But on the negative side, each year in the United States, an estimated 100,000 bike riders have disabling injuries and nearly 1,000 riders are killed as the result of bicycle accidents.

Most bicycle accidents are caused by lack of knowledge of the basic safety rules of the road or by carelessness: the greatest number of accidents occur because of violations of traffic laws. In most cases, bicycles are subject to the same traffic regulations as cars, and penalties for violations are usually the same as for motor vehicles. Anyone riding a bicycle should know and observe the basic rules for his own safety. Parents have a particular responsibility to carefully instruct their youngsters in safe and cautious operation of the bicycle.

Bike riders of all ages should know and observe the following rules for bicycle safety:

1. Observe all traffic signs and signals.
2. Use proper hand signals for turning and stopping.
3. Keep to the right and ride single file.
4. Light your bike at night - have adequate reflective marks.
5. Use bell or horn to warn of approach.
6. Give pedestrians right of way. Avoid sidewalks.
7. Keep sharp look-out for cars pulling into traffic; watch for sudden opening of auto doors.
8. Never hitch a ride on another vehicle or race in traffic.
9. Clowning on a bike is dangerous to yourself and others.
10. Keep your bike in good mechanical condition, especially brakes.
11. Slow down at intersections and advance with caution.
12. Don't weave or swerve in traffic.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21st WEEK ENDING MAY 27, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Amebiasis	2	19	69	13	3
Chickenpox	2	76	108	229	66
Gonorrhea	289	6,743	6,436	6,006	4,984
Hepatitis, Viral	31	444	672	318	261
Measles	5	33	10	424	5
Meningococcal Inf.	0	3	0	9	0
Meningitis, Other	0	16	11	15	7

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Mumps	1	7	17	150	31
Pertussis	0	1	0	4	0
Rubella	0	25	5	64	6
Salmonellosis	1	51	61	57	33
Shigellosis	5	168	250	142	34
Syphilis	30	818	674	743	531
Tuberculosis	3	101	136	134	99

Deaths for the week from communicable diseases:
Pneumonia 1

	1977	1976
Deaths recorded for the week:	176	166
Births recorded for the week:	192	98

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

June 6, 1977

GONORRHEA: THERE'S MORE THAN ONE WAY TO CATCH IT!

There are several types of sexually transmitted diseases about which the public has little information. Traditional venereal disease education programs have stressed facts about syphilis and genital gonorrhea. Many people do not realize that a person can have gonorrhea in other body sites, including the rectum and the pharynx (throat), in addition to the genital area.

A person can catch gonorrhea in the throat through oral-genital contact (fellatio) with an infected male partner. Pharyngeal gonorrhea usually does not produce symptoms. Transfer of gonorrhea by mouth-to-mouth kissing alone is highly unlikely.

Gonorrhea infections of the rectum can develop in women and gay males who have anal intercourse with an infected male partner. The majority of patients with rectal gonorrhea do not have symptoms. Some with rectal gonorrhea may notice a mucous discharge and mild irritation of the anus. Less commonly, burning pain in the anus and pus in the feces may be present.

The recommended treatment for gonorrhea in the throat and rectum is 4.8 m.u. of Aqueous Procaine Penicillin and 1.0 grams of Probenicid. Tetracycline is the first choice alternative antibiotic for patients allergic to Penicillin.

Each month, approximately 30% of all gonorrhea cases at the San Francisco City Clinic are rectal; less than 2% are pharyngeal. Due to the often asymptomatic nature of infections in these areas, it is advisable for persons who are actively practicing oral-genital or penile-rectal sex to get a regular check-up at least every three months so that the disease may be detected early in its development. Free examination and treatment is available at the San Francisco City Clinic, 250 4th Street (between Folsom and Howard). Clinic hours are 9:30 AM to 6:00 PM on Mondays and Thursdays, and 8:00 AM to 4:00 PM Tuesdays, Wednesdays, and Fridays. All services are free and confidential. For more information about Sexually Transmitted Diseases, call our VD Hotline number: 495-6463.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22nd WEEK ENDING JUNE 3, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	19	69	14	3
Chickenpox	0	76	108	238	66
Gonorrhea	316	7,048	6,782	6,213	5,241
Hepatitis, Viral	30	474	709	336	270
Measles	2	35	10	433	5
Meningococcal Inf.	0	3	0	9	0
Meningitis, Other	2	18	11	15	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	7	17	156	31
Pertussis	0	1	-	4	0
Rubella	0	25	6	69	6
Salmonellosis	1	52	61	59	34
Shigellosis	5	173	265	144	37
Syphilis	28	846	699	785	576
Tuberculosis	3	104	137	139	103

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	170	162
Births recorded for the week:	174	96

S 6-13-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director June 13, 1977

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JUN 13 1977
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CHILD SAFETY DURING VACATION

The summer vacation brings with it a full set of hazards for children. For the child home from school, the accident dangers around the home are increased simply because he is now spending more time there. The energetic child gets into all kinds of situations, some of which can be quite hazardous. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything. They need to teach children the basic common sense elements of safety and show them that they can have fun without being reckless and foolhardy. Parents need to intensify their usual vigilance, both in the home and on the street.

Outside the home, there is the ever-present danger from moving vehicles. Children should be instructed to follow the safety rules for crossing streets, obeying traffic laws and getting off a bus or street car. They should be cautioned against running in the streets or darting between or around parked cars. Adults should remember that children are out of school, and be particularly alert while driving.

Firecrackers and other forms of fireworks can be extremely dangerous. Every year, many tragic accidents occur as a result of seemingly "harmless" fireworks. Parents should teach children the hazards and the safety precautions in playing with fireworks. Taking children to public fireworks displays is the safest precaution.

Within the immediate home environment, parents should minimize the hazards that exist. The dangers, too often unrecognized, in the medicine cabinet, the available insecticide and cleaning agents, the cluttered yard and many others, call for a thorough check by the family so that hazards can be corrected. Parents should remember that the plastic bag is not a plaything and should never be left where children may have access to it. Remember, it is always better to take precautions before an accident rather than after!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23rd WEEK ENDING JUNE 10, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	19	72	14	3
Chickenpox	10	86	109	245	67
Gonorrhea	276	7,324	7,139	6,511	3,575
Hepatitis, Viral	15	488	736	365	274
Measles	1	36	11	438	6
Meningococcal Inf.	0	3	-	9	0
Meningitis, Other	0	18	11	18	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	7	17	163	31
Pertussis	0	1	-	4	0
Rubella	1	26	9	71	6
Salmonellosis	1	53	63	62	35
Shigellosis	5	178	274	147	41
Syphilis	29	875	724	844	598
Tuberculosis	4	108	142	146	108

Deaths for the week from communicable diseases:
Pneumonia

	1977	1976
Deaths recorded for the week:	174	169
Births recorded for the week:	212	392

6-20-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — June 20, 1977

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM UP-DATE

A new San Francisco School Health Form is being distributed to public school children enrolling in kindergarten and first grade this September. The form is the result of a year-and-a-half effort to reduce the innumerable forms confronting parents, schools and doctors. Over the next year, the new form will be further refined and it is intended that it will be utilized by all schools in San Francisco by September, 1978.

Developing one school health form to meet several State requirements is only one of many tasks of the San Francisco Child Health and Disability Prevention Program (CHDP). The Program, created in California in 1974 by the passage of AB 2068, is a combination of Federal and State legislation, administered locally by the San Francisco Health Department. It is charged with assuring that all children entering first grade receive a health check-up and that all children 0-21 on Medi-Cal are informed about and, upon request, receive a health check-up. Its purpose is ideal - to assure all children have a healthy start in life by identifying possible disabling conditions before they become a problem.

Through a grant funded by the Zellerbach Foundation,a three-year pilot project is being conducted among selected public schools. Its aim is to develop a curriculum in kindergarten involving children, teachers, parents and community citizens to educate children in the importance of preventive health. Another objective has been to promote the need for a health check-up through existing school programs such as athletics.

Our greatest success is attributable to the support and cooperation from the private medical community. With their participation in 68% of health assessments up to the present, the goal of getting more Medi-Cal eligible children into comprehensive long-term health supervision comes closer to reality.

Though many achievements have been made in CHDP through private physicians and school health, our next challenge and greatest priority for the next year is promoting and providing CHDP services on a wider and more intense scale to our Medi-Cal population. Commitment to this goal has been made by Congress,HEW,and the State of California with the introduction of Federal Bill SB 1392 giving greater strength and financial support through immunizations, and the State's commitment of more funding to implement this multifaceted program. The prognosis for CHDP in providing preventive health services to the children of San Francisco is very promising.

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STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24th WEEK ENDING JUNE 17, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	2	21	77	14	3
Chickenpox	4	90	109	305	68
Gonorrhea	330	7,654	7,434	6,897	5,626
Hepatitis, Viral	20	508	771	383	295
Measles	1	37	11	445	6
Meningococcal Inf.	0	3	-	9	0
Meningitis, Other	1	19	11	19	7

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Mumps	0	7	17	172	38
Pertussis	0	1	-	4	0
Rubella	0	26	9	78	6
Salmonellosis	3	56	69	66	37
Shigellosis	5	183	282	153	42
Syphilis	28	903	774	880	618
Tuberculosis	12	120	148	158	113

Deaths for the week from communicable diseases:
Pneumonia 1

	1977	1976
Deaths recorded for the week:	137	150
Births recorded for the week:	293	130

S 6-27-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — June 27, 1977

"A SIGNIFICANT CONTRIBUTION"

... These are the words of commendation to Robert C. Clarke, Director of the Bureau of Health Promotion and Education and Editor-in-Chief of the Weekly Bulletin, from Mervyn F. Silverman, M.D., Director of Health Care Services, as Mr. Clarke retires July 1, 1977. Mr. Clarke has served with the San Francisco Health Department for 30 years - as a Health Educator for 4 years and then as Bureau Director for the past 26 years. During that time, he has worked to increase public awareness of health problems, maintenance and resources, feeling that information and education are the best means of helping people insure their own physical and mental well-being. His initiation and administration of Department health education programs, cooperation with agencies in the private sector, recruitment of personnel and general health promotion activities have all been to this end.

The Weekly Bulletin is the most public of his accomplishments. Under his editorship and direction, it has grown from a mainly in-house organ with a circulation of 500 to a publication with a circulation of approximately 2,100 and a nationwide distribution. In 1952, when it was first started, it consisted of a weekly statistical table of reported communicable diseases with an occasional health article as a preface. Gradually, the article took shape as the main feature of the publication with the statistics as an informative auxiliary. The Bulletin is noted for its readability and definite slant toward the non-professional reader. Its format and size (just one page) have made it a useful educational tool for many businesses, schools, health professionals and community groups interested in the promotion of good health and good health habits.

Mr. Clarke's interest in a health career reaches back to his days with the Navy Hospital Corps. during World War II. After graduation from Willamette University in Salem, Oregon, he served five years with the Navy in various capacities and worked for the California Tuberculosis and Health Association following his discharge. He earned his Master's Degree in Health Education from U.C.-Berkeley and joined this Department in 1947. Upon his retirement, he intends to travel and then hopes to be able to put his experience and expertise to work in the private sector. His many friends and coworkers wish him good luck and success as he moves on to new experiences and challenges.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25th WEEK ENDING JUNE 24, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Amebiasis	2	23	78	14	3
Chickenpox	11	101	109	308	68
Gonorrhea	303	7,957	7,795	7,126	5,897
Hepatitis, Viral	23	531	790	394	308
Measles	1	38	11	447	7
Meningococcal Inf.	0	3	-	9	0
Meningitis, Other	0	19	12	19	8

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Mumps	0	7	17	172	38
Pertussis	0	1	-	4	0
Rubella	0	26	9	30	6
Salmonellosis	0	56	74	69	44
Shigellosis	3	191	293	158	43
Syphilis	31	934	799	916	649
Tuberculosis	1	121	151	166	122

Deaths for the week from communicable diseases:

Pneumonia	0
Influenza	1

	1977	1976
Deaths recorded for the week:	133	147
Births recorded for the week:	193	180

7-4-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

JUL 6 197

rvyn F. Silverman, M.D., M.P.H., Director July 4, 1977

MEN'S REPRODUCTIVE HEALTH CLINIC

October, 1976, the San Francisco Health Department opened a new clinic for San Francisco n under the auspices of the Family Planning Program at District Health Center #4. Called e Men's Reproductive Health Clinic, it is a general health clinic for men with emphasis sexuality and birth control information.

e Men's Clinic was created to serve a growing number of men of all ages who would like to rticipate equally with their partners in decisions concerning birth control and family anning. With the exception of the condom and male sterilization, contraceptive methods ve been developed primarily for women. Frequently, men feel that contraception is the man's responsibility and many men are uninformed about sexuality and birth control. While inics for women are plentiful,men often feel they have nowhere to go with their questions d concerns. The Men's Clinic is an attempt to meet the growing need for male involvement contraception and family planning. The Men's Clinic provides:

1. A general physical examination, including screening tests for high blood pressure, anemia, diabetes, syphilis and gonorrhea.
2. Diagnosis and treatment of sexually transmitted diseases including non-specific urethritis, herpes, venereal warts and gynecological diseases which may be transmitted by men: yeast and trichomonas. Cases of venereal disease are referred to the City Clinic for treatment.
3. Information on birth control methods; clinic patients receive free condoms, foam and/or diaphragm jelly.
4. Health education and counseling, individually and in groups, about male and female anatomy, unwanted pregnancies, cancer (particularly prostate, stomach and rectal cancer), nutrition and occupational health.
5. Education around problems of sexual dysfunction, including the common male problems of premature ejaculation and impotence, fertility, prenatal and postnatal care, abortion, fathering and the changing sex roles. The Men's Clinic does not do "sex therapy".

e Men's Reproductive Health Clinic's services are offered without cost to men who live or rk in San Francisco. The Clinic is held once a week on Wednesdays from 5:00 to 9:00 PM Health Center #4 at 1490 Mason St. (over the Broadway Tunnel and on the Powell-Mason ble car line). Clinic staff speak English, Chinese and Spanish. For an appointment, inrested men should call 558-2544.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26th WEEK ENDING JULY 1, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	3	26	79	15	3
Chickenpox	8	109	110	308	78
Gonorrhea	303	8,260	8,166	7,466	6,130
Hepatitis, Viral	19	550	322	408	320
Measles	0	38	11	451	7
Meningococcal Inf.	0	3	-	9	0
Meningitis, Other	0	19	13	20	11

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	7	17	187	38
Pertussis	0	1	-	4	1
Rubella	0	26	9	82	8
Salmonellosis	2	58	75	71	[illegible]
Shigellosis	5	196	311	165	46
Syphilis	27	961	824	957	[illegible]
Tuberculosis	7	128	168	168	136

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	139	158
Births recorded for the week:	325	367

7-11-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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Mervyn F. Silverman, M.D., M.P.H., Director July 11, 1977

THE BABY SITTER AND CHILD SAFETY

One of the customs of our American way of life is the widespread use of baby sitting services. As the family unit has gradually contracted, with grandparents and other family members maintaining separate living quarters, more and more parents have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask themselves - what if there is an emergency? Is there anything we can do to insure the safety of our children?

This concern is real, since the majority of accidental deaths to San Francisco children under five years of age occur in the home. This fact serves to emphasize the importance of supervision at home, not only on the part of parents, but of others, including baby sitters, who have custody of children. What are some of the things that parents can do to help baby sitters observe proper protective measures? Both written and verbal instructions should include:

1. Where the parents will be, when they will be back, and how they can be reached.
2. Phone numbers of the doctor, fire and police departments, the Emergency Ambulance and Medical Aid Stations and a neighbor's phone.
3. The locations of first-aid supplies and how the sitter should treat a slight cut or burn.
4. Safety reminders children most frequently need: stay away from stoves, stairs, windows, etc.
5. The importance of keeping scissors, pins, matches, medicines, poison and other dangerous objects out of the child's reach.
6. How to use the stove and other gas or electric appliances in a safe manner.
7. The necessity of never leaving a child in the bathtub while answering the telephone or doorbell.
8. Know who, is anyone, should be admitted in the house during the parents' absence.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27th WEEK ENDING JULY 8, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Amebiasis	2	28	79	15	3
Chickenpox	1	110	111	318	78
Gonorrhea	327	8,587	8,536	7,708	6,408
Hepatitis, Viral	17	567	837	423	327
Measles	-	38	12	454	7
Meningococcal Inf.	-	3	1	9	0
Meningitis, Other	-	19	13	21	12

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Mumps	-	7	17	137	38
Pertussis	-	1	-	5	1
Rubella	-	26	2	33	3
Salmonellosis	2	60	75	72	47
Shigellosis	2	198	319	169	48
Syphilis	24	985	849	974	693
Tuberculosis	8	136	170	175	142

Deaths for the week from communicable diseases:

Pneumonia	1
Influenza	1

	1977	1976
Deaths recorded for the week:	115	177
Births recorded for the week:	204	255

7-18-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — July 18, 1977

GETTING READY FOR SCHOOL

In September, many San Francisco children will be returning to school or going to school for the first time. They all should have their immunizations brought up to date. Parents should remember that by California State Law, immunizations against diphtheria, tetanus, poliomyelitis, pertussis (whooping cough) and rubeola are required for first-time enrollment in school. Rubeola, the regular or "red" measles, is not to be confused with rubella, the three-day or German measles.

First-time enrollment includes out-of-state students who are entering the California school system, as well as local children who are entering kindergarten or first grade. Evidence of these required immunizations should be presented when the children register for school. The legal requirements for immunizations against these five diseases apply not only to public and private elementary and secondary schools, but also to day nurseries, nursery schools and day-care centers.

The State of California also requires a health examination and evaluation of each child before entering the first grade. The intent of this Child Health and Disability Prevention Program (CHDP) is to have children get a health check-up to detect disease or disabilities that may interfere with classroom learning or lead to serious defects in later years. Children eligible for Medi-Cal benefits can receive the health appraisal up to 21 years of age at no cost. Children entering first grade must present proof on the CHDP form of having had the health evaluation.

Children needing a physical examination and immunization should go to their family doctor or usual source of medical care now, so these services can be completed before school starts. (Those without a physician may want to phone the S.F. Medical Society at 567-6230.) These services are also available at any of the five District Health Centers of the San Francisco Department of Public Health. Parents may phone the District Health Center nearest their home for information and assistance in receiving these services:

District Health Center #1	- 3850 17th St. near Market	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351 24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28th WEEK ENDING JULY 15, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	28	79	16	4
Chickenpox	3	113	111	321	79
Gonorrhea	208	8,795	8,755	8,095	6,634
Hepatitis, Viral	25	592	856	441	341
Measles	1	39	12	457	7
Meningococcal Inf.	0	3	1	9	0
Meningitis, Other	0	19	13	25	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	7	13	192	13
Pertussis	0	1	-	5	1
Rubella	0	26	9	85	8
Salmonellosis	4	64	79	73	47
Shigellosis	5	203	334	178	50
Syphilis	18	1,003	874	1,024	725
Tuberculosis	4	140	174	176	146

Deaths for the week from communicable diseases:

Pneumonia	3
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	159	176
Births recorded for the week:	127	147

7-25-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — July 25, 1977

DIET AND THE AGING PROCESS

A well-balanced diet is important at all ages in promoting health, maintaining strength, preventing disease or recovering more quickly from illness and giving a sense of physical well-being. The older individual, as well as the child or young adult, needs to include foods from all four food groups in his diet: meat and other protein-rich foods; milk and milk products;fruits and vegetables;and breads and cereals. Such a diet contains protein, minerals, vitamins, moderate amounts of carbohydrates and low fat.

The most easily digested foods are those that are boiled,baked or low in fat. Try to limit fried, salty or highly seasoned foods and those which contain large amounts of butter, cream, whole milk and cheese (except for uncreamed cottage cheese and cheese made with low-fat milk). Cut away all fat from steaks, chops, etc. Drink four to six glasses of water or juice daily. Include fruits, vegetables and whole grains in the diet to prevent constipation.

Weight control is important for the older citizen. As age advances, there is a decrease in the body's use of calories and often a decrease of physical activity. Extra calories are stored as fat, which leads to weight gain. A balanced diet, low in fat, plus adequate exercise will not only control weight, but give the body a feeling of healthy vigor. Type and amount of exercise should be appropriate to the individual's age and physical condition and should be discussed with the family physician.

Many older people eat alone. Sometimes appetite and nutrition suffer because it is too much work to prepare a meal for one. Flowers on the table, music on the radio, a favorite dish or a person for company will help make mealtime more enjoyable. Three large meals could be overwhelming; try preparing four or five meals with small portions. Vary flavor, texture, temperature and appearance of food.

The following recommendations are good for all ages:

1. Eat a well-balanced, varied diet every day.
2. Avoid heavy meals, especially before going to bed.
3. Avoid crash diets; check with your doctor before starting any diet.
4. Balance food intake and exercise to maintain proper weight control.
5. A sudden and continual loss of appetite should receive prompt medical attention.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29th WEEK ENDING JULY 22, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	29	83	16	4
Chickenpox	-	113	112	322	79
Gonorrhea	295	9,090	9,181	8,368	6,920
Hepatitis, Viral	32	624	872	458	347
Measles	1	40	12	458	7
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	2	21	14	25	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	7	18	193	41
Pertussis	-	1	-	5	1
Rubella	-	26	9	85	3
Salmonellosis	5	69	84	75	54
Shigellosis	11	214	345	182	52
Syphilis	25	1,028	899	1,049	748
Tuberculosis	10	150	182	183	152

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	150	144
Births recorded for the week:	324	297

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — August 1, 1977

POISONOUS PLANTS

Summertime is picnic and barbeque time. When you reach for a branch to skewer your hotdog or marshmallow, be sure you don't reach for our popular Oleander. The entire plant is toxic and can cause severe digestive upset, depression, lowered and irregular pulse and, possibly, death. Don't use it to build your fire, either - even the smoke from Oleander twigs and leaves can cause severe allergic reactions.

Most parents know the danger to young children of household cleaners, aspirin and other drugs because much publicity has been given to this aspect of poison control. However, they may not be aware that plants, both indoor and outdoor, are a potential source of poisoning, too. In 1975, the National Center for Poison Control recorded 5,727 reported poisonings caused by plants (excluding mushrooms and toadstools) to children under five years of age. Disturbingly, only those plants that affected more than 100 children were included.

Two popular houseplants, Philodendron (Elephant Ear) and Diffenbachia (Dumbcane) accounted for 902 cases of poisoning. Both cause the tongue, lips and palate to swell; death can occur if swelling blocks the throat. Caladium is of the same family and causes the same symptoms. These plants become quite large and, set on the floor, may be reached by a baby crawling or one in a playpen.

Leaving out Pokeweed, which is not common in California, the next three offenders are Holly, Pyracantha and Poinsettia. Children are attracted by their color and especially like to play with the Holly and Pyracantha berries. The 1975 study showed that 920 children had reactions from ingesting parts of these three plants.

Hemlock grows wild in California and may be found in the country, growing on a vacant lot or in your garden. Sometimes called "Fool's Parsley", its feathery green foliage resembles parsley that has gone to seed or carrot tops. Don't be "fooled" by hemlock - it can be fatal.

When dealing with plants, remember:

1. Never eat any part of an unknown plant - eat only properly prepared foods from well-known sources. Never use anything prepared from nature as a medicine or "tea".
2. Do not chew on jewelry made from seeds, beans or other plant parts.
3. Learn to identify the poisonous plants in your home and neighborhood.
4. Firmly Impress These Rules on Your Children.

If a poisoning of any kind does occur, immediately call the S.F. Poison Control Center at 431-2800.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30th WEEK ENDING JULY 29, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	29	83	16	6
Chickenpox	1	114	120	325	79
Gonorrhea	440	9,530	9,436	8,743	7,191
Hepatitis, Viral	20	643	888	476	354
Measles	0	40	13	459	7
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	1	22	17	26	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	3	10	18	194	42
Pertussis	0	1	1	5	1
Rubella	1	27	10	65	8
Salmonellosis	4	73	85	80	54
Shigellosis	3	217	359	182	53
Syphilis	41	1,069	924	1,099	765
Tuberculosis	5	155	199	191	155

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	137	139
Births recorded for the week:	283	91

S 8-8-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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Mervyn F. Silverman, M.D., M.P.H., Director

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August 8, 1977

COLO-RECTAL CANCER SCREENING PROGRAM

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Cancer kills - but cancer can be cured if it is caught early enough! And there lies the problem. By the time cancer of the colon and rectum causes pain and bleeding,it is usually too late. People are not aware that colo-rectal cancer is one of the more easily treated cancers; as many as 75% of the cases could be cured if found in time.

In 1977, over 100,000 Americans will develop cancer of the colon and rectum and about half of them will die from it. Men and women are equally susceptible to this form of the disease and the chances of getting it increase with age. Because of the many older people living in San Francisco, we have a higher incidence of cancer of the colon than either California as a whole or the rest of the United States.

The Department of Public Health and the San Francisco Unit of the American Cancer Society have started a program to test the City's seniors for colo-rectal cancer. They are using a simple take-home test that is sensitive enough to show "hidden" blood in the stool, one of the first symptoms of this kind of cancer. The test is easy to use: after at least 24 hours on a special diet, samples from three successive bowel movements are smeared on the specially treated surface of the test kit. Then, the completed kit is mailed to the San Francisco Public Health Laboratory for evaluation. Before taking the test, seniors are given a preliminary class covering general information on colo-rectal cancer and complete instructions for using the kits.

Those who take part in the screening will receive a letter from the Cancer Society telling them the results. Seniors with a positive result will be urged to see their doctor. Most positive tests are not cancer, however; other treatable conditions can be detected with this test, too.

So if you are a senior citizen interested in your health and well-being, call the nearest District Health Center and make arrangements to be part of this program.

District Health Center #1	- 3850 17th St. near Sanchez	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-1800
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351 24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31st WEEK ENDING AUGUST 5, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	3	32	83	16	6
Chickenpox	1	115	120	325	80
Gonorrhea	321	9,851	9,894	9,013	7,460
Hepatitis, Viral	21	664	929	498	360
Measles	1	41	20	471	7
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	2	24	18	28	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	10	19	195	42
Pertussis	-	1	1	5	1
Rubella	-	27	10	85	8
Salmonellosis	7	80	95	80	55
Shigellosis	15	232	378	188	57
Syphilis	31	1,100	949	1,147	807
Tuberculosis	5	160	205	196	158

Deaths for the week from communicable diseases:

Pneumonia	1
Serum Hepatitis	1

	1977	1976
Deaths recorded for the week:	131	158
Births recorded for the week:	278	337

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — August 15, 1977

EXERCISE - A PRESCRIPTION FOR LIFE

Man's body is built for action, not for rest. Taking a look at our history, the struggle for survival demanded good physical condition. The body got its exercise in both work and at leisure. However, in our modern society, machines have taken over a large part of the workload and our leisure time is spent sitting, riding and reclining. Our automobiles tempt us away from walking, elevators from stairs, and most importantly, the television tempts us away from any other activity that might use up a little energy. Lack of exercise and failure to keep our bodies in good condition can be a threat to our health and to our lives. Problems of inactivity can result in low back pain, obesity, general fatigue, reduced resistance to disease, limited movement and, in general, our bodies not looking or feeling well.

So what can we do? The following is a Prescription for Exercise and a set of Exercise Reminders* that might be helpful in making physical activity a necessary and enjoyable part of our lives:

Daily - at least 60 minutes of physical activity, not necessarily vigorous, not all at the same time. During your daily routine, moving, walking, climbing stairs, etc., whether for one minute 60 times per day, 12 minutes 5 times a day, or any combination totaling 60 minutes, will burn up approximately 300 calories.

Weekly - at least two or three periods of 30 minutes of sustained activity (brisk walking,jogging,cycling,swimming,cross-country skiing, etc.) are necessary for maintaining good cardiovascular fitness and will consume an additional 750 calories per week.

Remember!

- Exercise regularly, preferably two or three times a week.
- Exercise at a modest tempo the first few times;increase the pace slowly and don't "push too hard". Speed should not be maximal!
- Never take part in a competition involving physical exertion when you are out of shape, no matter what kind of competition.
- Forget now and then that there are things like elevators, buses and cars. Remember that you have legs and that there are places for sports and outdoor activities.

* Exercises and Reminders from "Health and Fitness" published by the authority of the Minister of National Health and Welfare, Canada.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32nd WEEK ENDING AUGUST 12, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	5	37	84	16	6
Chickenpox	-	115	120	326	81
Gonorrhea	400	10,251	10,128	9,398	7,753
Hepatitis, Viral	23	687	935	512	371
Measles	-	41	20	474	7
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	-	24	19	28	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	10	19	199	42
Pertussis	-	1	1	5	1
Rubella	-	27	10	85	8
Salmonellosis	2	82	102	80	57
Shigellosis	11	243	385	190	57
Syphilis	27	1,127	974	1,172	845
Tuberculosis	2	162	206	201	162

Deaths for the week from communicable diseases:
Pneumonia 3

	1977	1976
Deaths recorded for the week:	134	157
Births recorded for the week:	171	220

S 8-22-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

August 22, 1977

AEROBICS

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Running, jogging, bicycling - three popular activities you see every day in San Francisco. The people who do them are all types and ages, but they probably have one thing in common: they are doing their aerobics. Aerobics? Sustained (20-30 minutes) exercise that makes you work hard enough to greatly increase your body's need for oxygen. That's aerobics.

Last week, the Bulletin talked about our need for regular exercise for good health and keeping fit. Many people interested in physical fitness are using aerobic exercise to strengthen their cardio-vascular systems and increase lung efficiency as well as tone up other muscles throughout the body. There are a number of good books available on aerobics and each will have a slightly different program to suggest. However, there are some things you should bear in mind no matter what book or system you are using:

Start your program with a physical examination. Tell your doctor what you plan to do and ask him to pay special attention to your heart and lungs. The older you are, the more important this examination is. If you have severe heart disease, uncontrolled diabetes, an acute infection or have had a recent heart attack,aerobics is not for you. If you are more than 35 pounds overweight, use less strenuous exercise and diet to get your weight down before doing aerobics. Those with heart or lung disease or diabetes under control can do this type of exercise under their doctor's supervision. Follow his advice, especially if you have high blood pressure, arthritis in the back, legs, feet or ankles or any other chronic health problem.

Progress slowly. Don't try to take things too fast. Get into condition with walking and other exercise before starting an all-out running or jogging program. Warm up before each exercise period and give yourself time to cool down at the end. Avoid straining and pushing yourself to exhaustion. That's not only dangerous, but defeats the purpose of your program which is to feel fit and more vigorous not worn out and chronically tired.

Exercise regularly. Once you have started your program, keep it up. If you must miss a time or two, don't try to take up where you left off. Back down a bit and re-condition yourself. Run a little slower or walk until you have built your endurance up again.

During extremely hot weather, avoid getting over-tired. Exercise in the cooler morning hours and wear loose, comfortable clothing that will allow you to perspire freely. If the temperature is above 95 degrees, don't do any aerobics at all. Stay indoors and substitute something else less strenuous. High humidity can also make exercising more tiring so ease up until the humidity is lower.

Following a regular exercise program can make you feel good all over. Following the above advice can make you feel good all over for a long time.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33rd WEEK ENDING AUGUST 19, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	Low	CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	1	38	85	25	6	Mumps	0	10	19	203	44
Chickenpox	0	115	120	326	81	Pertussis	0	1	1	5	1
Gonorrhea	268	10,519	10,594	9,616	8,020	Rubella	0	27	12	87	8
Hepatitis, Viral	26	713	974	537	379	Salmonellosis	4	86	104	84	64
Measles	0	41	20	475	7	Shigellosis	5	248	411	209	57
Meningococcal Inf.	0	3	1	10	1	Syphilis	25	1,152	1,034	1,222	871
Meningitis, Other	0	24	20	32	13	Tuberculosis	2	164	210	207	164

Deaths for the week from communicable diseases:
Pneumonia 3

	1977	1976
Deaths recorded for the week:	137	140
Births recorded for the week:	242	131

/s 8-29-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

August 29, 1977

JOIN THE ACTIVE PEOPLE OVER 60

How would you like an anti-aging pill that acts like a miracle drug and is absolutely free? It's called "exercise" and it's yours for the doing. Many older people avoid exercise because they're afraid exertion might cause a heart attack. Others feel they have let themselves become so out of shape that it's too late. Neither is true Physically active people are less likely to have heart attacks. Those who do have a heart attack will probably have a less severe one and will recover faster and more completely.

It's never too late to start an exercise program. Physical fitness can contribute a lot toward personal health, performance and appearance. This is true at any age, but it's something older people sometimes forget. Some things to know about exercise:

1. Our sense of balance and body flexability tend to decay through aging. Regular exercise can help preserve both. Also, body organs and systems, especially the digestive system, are stimulated and work better.

2. Posture can be improved by increasing the tone of support muscles. You will look better and the chances of lower back pain will be reduced.

3. It helps maintain proper weight. As you get older, your body uses calories less efficiently. You are probably also "taking it easy" more and moving around less. The right balance of calories and exercise can help control weight. Being overweight is more than a matter of appearance and discomfort; it's a factor in severe chronic diseases and can help shorten life expectancy.

4. Exercise can't prevent life's stresses but it can help you cope with them by reducing mental fatigue, tension, strain and boredom.

5. If you are physically active, you usually have a positive self-image and feel good about your body. This gives you courage to try interesting new activities and helps you move with ease, grace and self-confidence.

6. Perhaps the greatest single benefit of being fit is self-reliance and independence. It's good to be able to do things for yourself and to be a free person. This alone is worth the effort it takes.

If you are an older adult and interested in exercise, call the San Francisco Commission on Aging at 558-5512 for more information. A good idea is to see your doctor before starting an exercise program and remember: start easy, go slowly, and join the active people over 60!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34th WEEK ENDING AUGUST 26, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	2	40	85	32	6
Chickenpox	0	115	126	326	81
Gonorrhea	301	10,820	10,386	10,023	8,242
Hepatitis, Viral	17	730	1,008	561	388
Measles	0	41	20	475	7
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	2	26	21	32	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	10	19	204	45
Pertussis	0	1	1	5	1
Rubella	0	27	12	87	3
Salmonellosis	0	86	109	84	65
Shigellosis	12	260	428	220	58
Syphilis	33	1,185	1,077	1,272	891
Tuberculosis	1	165	218	212	169

Deaths for the week from communicable diseases:

Pneumonia	2
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	148	147
Births recorded for the week:	145	322

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — September 5, 1977

For 25 years, the Weekly Bulletin has presented current information on the Department of Public Health and on disease and accident prevention to over 2,000 subscribers on our mailing list. Now,we want to expand the Bulletin and want you to help with the planning. Please complete and return this questionaire. The results of this survey will help to shape the new publication. Check the most appropriate answer to each question and mail the completed survey by September 15th to:

Weekly Bulletin
S.F. Dept. of Public Health
101 Grove Street, Room 204
San Francisco, Calif. 94102

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1. How often would you like to see the new publication issued?

   - Every week ☐
   - Once a month ☐
   - Quarterly ☐

2. What format would you prefer to see this publication take?

   - Single sheet ☐
   - Newspaper ☐
   - Magazine ☐
   - Other _____

3. What subjects would you most like to read about?

   - A. News on wellness (exercise, nutrition, etc.) ☐
   - B. Safety and accident prevention ☐
   - C. Articles on controversial health subjects ☐
   - D. News about the S.F. Public Health Department ☐
   - E. Mental health ☐
   - F. Illness and medical care ☐
   - G. Articles discussing philosophical issues such as aging, health, etc.,agency programs and policies ☐
   - H. Hard facts on government regulations, statistics on poverty, health, etc., agency programs and policies ☐
   - I. Other _____

4. Would you like to see special issues devoted to one topic?

Yes ☐

No ☐

5. If "yes", which subjects?

_____

6. Would you like to read

A. A regular column written by the program or agency director ☐

B. A question-and-answer column which would help readers get answers, solve problems and cut red tape ☐

C. A "sounding-off" column featuring comments by the readers on major local/national/international health issues ☐

D. Any other regular feature _____

7. Would you like the new publication to continue with the regular reporting of reported communicable diseases?

Yes ☐

No ☐

8. Are there any other suggestions you would like to make about what you would or would not like to see in the new publication?

_____

_____

_____

9. What title would you suggest for the new publication?

_____

10. I would like to receive the new S.F. Health Department publication

Yes ☐

No ☐

If "yes", please print name and mailing address:

We appreciate your interest and cooperation and look forward to the exciting work of creating a new Bulletin that reflects your interests and concerns.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — September 12, 1977

FLU IMMUNIZATION - 1977

The Disease: Influenza - flu - is a disease caused by any one of a small group of viruses. When people get sick with flu, they usually have fever, chills, headache, dry cough and muscle aches. The illness may last from several days to a week or more before complete recovery. In some people, the complications of flu may lead to pneumonia or death: for the elderly and people with diabetes, heart, lung, or kidney diseases, the flu may be especially serious. Deaths attributed to influenza in the U.S. may vary from several thousand in a "normal or usual" year up to 25,000 or more in an epidemic year. Because of this, the U.S. Public Health Service recommends that the population groups at high risk of complications from influenza - those with chronic medical conditions and the elderly, particularly those over 65 - receive influenza vaccine each year prior to the flu season which usually starts about late October or November. Those suffering from any of the chronic conditions mentioned should arrange with their usual source of medical care for flu immunization. While these ill persons could expect to benefit more from the flu immunization, an individual assessment of the attendant risks of immunization with provision for the care of adverse reactions should be the responsibility of the immunizing agency. The same reasoning applies to the older population seeking flu immunization.

The Vaccine: The vaccines will not cause influenza illness because they contain killed viruses. In addition, today's flu vaccines are highly purified so they cause fewer side effects than vaccines used in the past. The vaccines stimulate the body to make antibodies against the flu viruses. The antibodies will protect you if you come into contact with influenza viruses which are similar to those in the vaccine. This season's vaccines contain the A/Victoria and the B/Hong Kong influenza viruses which caused illness during the 1976-1977 season.

Possible Vaccine Side Effects: Most people have no noticeable side effects from the vaccines but some will have tenderness at the site of the shot which may last for several days. Some persons will also have fever, chills, headache or muscle aches during the first 48 hours.

Guillain-Barré syndrome, usually a self-limited paralysis, is observed within eight weeks after influenza vaccination in approximately one of every million persons vaccinated. It also occurs, but less frequently, in unvaccinated persons. While the risk is not high, persons who receive influenza vaccines should be aware of it and should recognize that 5-10% of persons with the Guillain-Barré syndrome have residual weakness to some degree; the risk of death from Guillain-Barré syndrome among vaccinees of all ages is approximately one in two million. Other statistics which may help put these risks in perspective are: the risk of being murdered in this country is about one per 10,000 population and the risk of death from lightning is about one per million.

If you have any questions about flu and flu vaccine, please ask before you receive your shot.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 35th and 36th WEEKS ENDING SEPTEMBER 8, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	-	41	39	40	6
Chickenpox	-	115	126	329	82
Gonorrhea	737	11557	11483	10636	8883
Hepatitis, Viral	50	779	1045	602	410
Measles	-	41	20	476	7
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	-	26	23	36	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	10	19	207	45
Pertussis	-	1	1	5	1
Rubella	-	27	12	88	8
Salmonella	5	91	115	94	71
Shigellosis	16	276	445	227	70
Syphilis	48	1233	1159	1341	950
Tuberculosis	21	186	236	225	180

Deaths for the week from communicable diseases:

Pneumonia 2

	1977	1976
Deaths recorded for the week:	240	258
Births recorded for the week:	330	350

S 9-19-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — September 19, 1977

HOT TUBS

Almost everyone has been in "hot water" sometime in his life - usually unwillingly! There is a trend in California, however, toward deliberately getting into just that situation as people immerse their bodies in tubs of hot water to relax with the warmth and steam. This is called "hot tubbing".

The use of hot water for relaxation and easing of sore and tired muscles isn't new. The Greeks and Romans had both public and private baths. In Japan, a long soak in the furo is a part of daily life. With hot tubbing, the object is not to get clean; the body has already been washed before entering the tub. Instead, it's used for relaxation, something we all need at times.

Medically speaking, a hot tub is as effective as any other source of moist heat, but friendlier and more social. It can be helpful to persons with bad backs or arthritis; people with rheumatism may also get some relief. Hot tubbing is definitely contra-indicated for those with certain blood vessel and/or heart conditions. If you are in doubt, ask your doctor.

There are some safety rules for hot tub owners and users to follow:

1. If the tub is installed above ground, use a set of sturdy steps to get into it. Mark the location of the tub seats on the rim so you can step down easily into the hot water; mark seat locations on the rims of recessed tubs, too.
2. Before entering a hot tub, check the thermometer. Most tubs are kept at about 105 degrees, but it's wise to always make sure. Enter slowly to allow your body time to get used to the heat.
3. Most people worry about children or animals falling into the tub. Covers are available and should be used. Leave the cover on and locked whenever you are not tubbing. It will also help keep the water hot and conserve emergy.
4. Since the water is re-used, PH balance, temperature, chlorine and filter need to be carefully watched. The PH should be slightly on the acid side and water temperature kept up to discourage growth of bacteria and algae. Check the chlorinator and water filter frequently.
5. Hot tubs come with an electric pump and some of them also have electric heaters. It is important that a ground-fault interupter be installed. An interupter acts as a circuit breaker if the electric ground should fail.

So, the next time you are in a Greco-Roman or Oriental mood, you might consider hot tubbing - - getting into "hot water" can be better than you think!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37th WEEK ENDING SEPTEMBER 16, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range High	1971-75 Range Low
Amebiasis	1	42	91	41	6
Chickenpox	2	117	126	332	83
Gonorrhea	359	11916	11672	10924	9089
Hepatitis, Viral	29	808	1064	629	425
Measles	-	41	20	477	8
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	2	28	29	38	13

CASES REPORTED:	For the Week	Year to Date 1977	Year to Date 1976	1971-75 Range High	1971-75 Range Low
Mumps	-	10	19	210	45
Pertussis	-	1	2	5	1
Rubella	-	27	12	88	8
Salmonella	2	93	119	104	7.2
Shigellosis	5	281	456	237	81
Syphilis	25	1258	1176	1386	970
Tuberculosis	2	188	239	227	185

Deaths for the week from communicable diseases:

Pneumonia 7

	1977	1976
Deaths recorded for the week:	200	159
Births recorded for the week:	301	333

7S 9-26-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

September 26, 1977

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SAN FRANCISCO INFLUENZA IMMUNIZATION - 1977

The San Francisco Department of Public Health will be offering free influenza immunizations only to S.F. residents age 65 and over. They will be given from 10:00 AM to 3:00 PM each Thursday in October, beginning October 6th, at our five District Health Centers.

District Health Center #1	- 3850 17th St. near Sanchez	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351 24th Ave. near Irving	558-3246

In addition to people over 65, the U.S. Public Health Service strongly recommends that persons of all ages suffering chronic conditions such as diabetes, heart, lung and kidney diseases be immunized against influenza. The S.F. Health Department suggests that people in this group,under 65,receive their immunizations from their usual source of medical care where the individual's need for flu immunization can be better evaluated. Those wishing influenza immunization should be aware of the benefits and possible side effects,including allergic reactions, of flu vaccine use. Persons allergic to eggs should check with a physician before receiving the vaccine; those with a fever should delay getting the vaccine until the fever is gone.

Individuals who expect to be immunized by the Health Department will be given a short printed statement which they will be required to read and understand. It provides important information regarding influenza vaccine for the 1977-78 season. A signature will also be required to show that the statement has been received.

The influenza vaccine to be used this season is made from A/Victoria/75 and B/Hong Kong/72 viruses. It does not contain the A/New Jersey/76 ("Swine Flu") virus. Infections with A/Victoria, B/Hong Kong and the new A/Texas/77 flu viruses occurred in California last season and continue currently in other parts of the world. There is no way to tell which will be the dominant viruses this coming season in San Francisco. It should be noted that the A/Victoria/75 component of the vaccine will only provide partial protection against A/Texas/77 influenza infections; no vaccine has been manufactured to protect against A/Texas influenza.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38th WEEK ENDING SEPTEMBER 23, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	43	92	45	6
Chickenpox	0	117	126	333	83
Gonorrhea	189	12,105	12,043	11,232	9,364
Hepatitis, Viral	17	826	1,087	648	436
Measles	0	41	20	479	10
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	1	29	30	41	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	10	19	217	45
Pertussis	0	1	2	5	1
Rubella	0	27	12	80	0
Salmonellosis	4	97	122	113	78
Shigellosis	15	206	462	249	00
Syphilis	18	1,276	1,201	1,404	001
Tuberculosis	2	190	247	229	103

Deaths for the week from communicable diseases:
Pneumonia 3

	1977	1976
Deaths recorded for the week:	167	157
Births recorded for the week:	351	254

10/3/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

October 3, 1977

CHILD ABUSE

Child abuse,in any form,is at odds with a civilized society. Yet,children in our society are abused every day. Experts don't agree on the actual extent of it - is there really more than there was or is there simply more suspected abuse reported? In any case, one thing is clear - whether or not child abuse was a problem in the past, it is a problem now and it is a problem here in San Francisco.

No-one knows how wide-spread child abuse is. Some people working with children estimate that as many as one child in five is abused. While accurate data is not available, reports of suspected abuse are definitely increasing. Statistics kept at the Childrens Emergency Service at Juvenile Court show that in the first six months of 1977,they received 887 complaints of child abuse. For the whole of 1976, 611 complaints were recorded. A breakdown of this year's figures shows: 234 reports of suspected abuse; 436 complaints of neglect; 60 of sexual molestation; 16 intentional deprivation and 141 other reports that didn't fit the previous categories.

Child abusers are from every social, economic, educational and racial group. Frequently, abusers have had some kind of physical or emotional abuse in their own childhoods and they pass this on to their children. Parents usually abuse their children because they are under stress, have a relatively low tolerance for frustration, are socially isolated and have few resources to help deal with life. In general, they are unable to cope with the pressures of family and society. They do care for their children, but can't always manage a child's needs and demands in addition to everything else. With help,many abusing parents can learn other ways of handling stress and pressure and can improve relationships with their children.

Something is being done. The San Francisco Child Abuse Council has a TALK (Telephone Aid in Living with Kids) Line for parents who either abuse their children or are afraid they might do so. The TALK Line is staffed by trained volunteers who help by talking with parents, offering a safety valve for tension and frustration and making referrals for counseling and other help. Home visits are sometimes arranged. The TALK Line also has a parent group that meets every week. Starting this month, a chapter of Parents Anonymous will be forming; it will be a self-help parent group. The number for both the TALK Line and Parents Anonymous is: 826-0800

If you think a child is being abused, report it. Don't let it go on. Doctors, teachers and other professionals associating with children are required by Law to report cases of suspected child abuse; citizens are encouraged to do the same. Persons who make a report in good faith are not liable for either criminal or civil action. The Law protects you - let it protect a child, too. You can make a report by calling the Childrens Emergency Service at: 665-0757

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39th WEEK ENDING SEPTEMBER 30, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	7	50	92	45	6
Chickenpox	-	117	126	334	83
Gonorrhea	399	12,504	12,429	11,538	9,692
Hepatitis, Viral	26	851	1,090	664	448
Measles	-	41	21	480	10
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	-	29	30	42	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	-	10	20	218	45
Pertussis	-	1	2	5	1
Rubella	-	27	12	90	[illegible]
Salmonellosis	7	104	123	117	82
Shigellosis	2	298	470	254	87
Syphilis	40	1,316	1,240	1,448	1,022
Tuberculosis	3	193	251	233	200

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	125	151
Births recorded for the week:	301	31

S 10/10/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

October 10, 1977

OCT 13 1977

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WHAT'S AFOOT?

Probably you and me. In spite of the hours spent sitting every day, we are on our feet more than we realize. Ordinarily,we don't think about it,but the human foot is a unique thing. No other animal has one like it because only we walk upright. Our feet will serve us well if they are cared for, but when they are hot, tired, stiff or have corns or calluses, they can make us feel uncomfortable all over. However, there are things we can do to make them (and the rest of our bodies) feel healthier and better:

- Remember that when we stand, all our weight is concentrated on a relatively small area; that's why standing is tiring. If you must stand for any length of time, shift your weight occasionally from foot to foot. Rock back and forth on your heels and wiggle your toes a bit, too. That will help ease the "dead" feeling that comes from standing too long in one position.

- For movement, there are muscles and ligaments that act as springs. Exercise will keep them strong and flexible so we move easily and smoothly. Try walking on the outer edges of the feet, rising on tiptoes or moving the foot around in a circle. Move the toes. Clench them like a fist; then relax. Almost any movement will exercise and tone those springs.

- Shoes can be a source of foot trouble. When you buy a new pair, buy in the afternoon when your feet are slightly larger. Choose a shoe that is both wide enough and long enough. Also, buy socks and stockings in the right length.

- Most women like to wear high heels. They can be hard on the feet, though - the raised heel throws the body's weight on the ball of the foot instead of allowing it to be more evenly distributed. That can hurt! Save your really high heels for special occasions and wear shoes with low or medium heels for everyday.

- Good-fitting shoes with low heels won't cause corns, calluses or blisters. Don't try to remove a corn or callus yourself. If it really hurts, have a doctor treat it. Opening a blister may cause infection. Put a pad over it and let it heal itself. Wear shoes that do not press on the blister area until it's healed.

- Bathe your feet daily with warm water and a mild soap. Dry them thoroughly, then powder. Trim the nails straight across, no shorter than the toes, to avoid ingrown toenails. Keep your feet dry. If they do get wet, dry them and change shoes and socks.

With just a little care and thoughtfulness, we can keep our feet happy and contented. They will repay us - every time we take a step.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40th WEEK ENDING OCTOBER 7, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	51	94	52	6
Chickenpox	1	118	127	334	83
Gonorrhea	439	12,943	12,843	11,818	9,939
Hepatitis, Viral	18	868	1,104	680	10
Measles	2	43	22	480	10
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	1	30	30	43	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	10	20	218	46
Pertussis	0	1	2	5	1
Rubella	2	29	12	90	9
Salmonellosis	2	106	125	122	86
Shigellosis	8	306	481	256	90
Syphilis	36	1,352	1,290	1,473	1,051
Tuberculosis	6	199	260	242	204

Deaths for the week from communicable diseases:

Pneumonia	0
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	168	160
Births recorded for the week:	124	241

S 10-17-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

October 17, 1977

OCT 24 1977

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"TRICKERTREAT!"

QUESTION: What night has witches, goblins and ghosts haunting the streets of the City, knocking at doors in search of goodies?

ANSWER: It's Halloween and those witches, et al are San Francisco's children dressed up for a night of "trick-or-treat".

Halloween is a traditional holiday celebrated in the past by tricks played on those who didn't treat. Nowdays, it's mostly the "treat" part that children are interested in. An exciting time for them, a chance to dress up in costume and fool everybody. And a chance for children and adults to have fun together.

It can also be a time for accidents and mishaps. Many of these could be avoided with some adult planning and precautions. Things to think about:

1. Don't let a small child go out alone. An excited youngster doesn't always remember what he's been told; an adult or older brother/sister should go along to supervise the fun. For older children, it's safer and more enjoyable to go in groups.
2. Caution your child not to unwrap or eat anything he is given until he gets home and you've looked at it. A sad precaution to take, but recent years have shown it's a necessary one. Best of all, let him trick-or-treat only in your own neighborhood where he's known.
3. Try to avoid a dark costume. If you can't, mark it with reflecting tape or paint that glows in the dark - motorists and children need all the help you can give them.
4. Avoid tripping - make the costume short enough. Don't allow your child to carry any sharp instrument as part of his costume. Use only battery powered lights;no lighted torches, candles or Jack O'Lanterns. Masks shouldn't obstruct breathing or vision.
5. Motorists: be extra cautious. Children may be crossing in the middle of the street, running and falling or darting from between parked cars. Happy Halloweeners could be anywhere - watch for them!
6. Homeowners: make things safer by lighting your property so visitors won't trip on stairs or over obstacles.

Don't let accidents play "tricks" this Halloween - make it a "treat" for everyone.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 41st WEEK ENDING OCTOBER 14, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	4	55	95	53	7
Chickenpox	0	118	128	335	84
Gonorrhea	422	13,365	13,203	12,166	10,209
Hepatitis, Viral	19	837	1,132	701	474
Measles	0	43	22	480	10
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	1	31	30	44	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	4	14	20	210	47
Pertussis	0	1	2	5	1
Rubella	0	31	12	90	0
Salmonellosis	7	113	128	128	88
Shigellosis	4	310	491	262	104
Syphilis	18	1,370	1,323	1,523	1,070
Tuberculosis	14	213	265	249	206

Deaths for the week from communicable diseases:
Pneumonia 1

	1977	1976
Deaths recorded for the week:	143	148
Births recorded for the week:	110	139

S 10/24/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — October 24, 1977

DOCUMENTS

OCT 26 1977

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ACUPUNCTURE

We've all read reports of people undergoing surgery, finding relief from pain and being treated for many other medical conditions with acupuncture. San Francisco has a number of acupuncture practitioners and clinics. It's something from the East that the West is curious about and anxious to use, if possible.

In traditional Chinese medicine,acupuncture is the treatment of disease - not just relief from pain - by inserting very fine needles into the body at specific points. The flow of Ch'i (Vital Energy) through the body is controlled by the interplay of two opposing forces, the Yin and the Yang. Yin represents negative: night, cold, dark, female and the interior of the body. Yang is the opposite;positive, day, hot, light, male and the body's exterior. Health results from the balance of Yin and Yang; sickness from imbalance. Ch'i circulates along hypothetical channels or meridians. The acupuncturist "taps" into Ch'i at certain locations in oder to restore balance between Yin and Yang.

Modern Chinese medicine is a fusion of traditional methods with Western clinical studies and research. Acupuncture as anesthesia for surgery was first used in China only in 1958. It purports to allow operating on patients while they are completely conscious. They sense pressure at the operative site but are without pain.

It's not understood why acupuncture works or if it works as effectively outside its own culture; several theories are being tested. The State licenses acupuncturists in California, but because it's still an experimental procedure for us, it is necessary to be referred by a physician, dentist, chiropractor or podiatrist before receiving treatment.

Acupuncture has been used experimentally at the Haight-Ashbury Clinic for over two years. During that time,nearly 1,000 persons have been treated this way in combination with more conventional medical procedures. As with other treatments, the patient's confidence is important; about 10% don't respond at all to acupuncture.

What does this mean to us? Well, there's the possibility of new techniques for treating old problems. The danger is that persons suffering from painful chronic conditions are often desperate for relief. The promise of something that will help makes them excellent victims for medical practitioners of doubtful expertise and ability. At present, we need more information that will allow us to distinguish between competent and incompetent use of this particular form of treatment.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42nd WEEK ENDING OCTOBER 21, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	56	95	56	7
Chickenpox	1	119	128	336	35
Gonorrhea	310	13,675	13,452	12,469	10,501
Hepatitis, Viral	19	906	1,161	725	487
Measles	0	43	22	480	10
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	1	37	33	47	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	14	20	321	[illegible]
Pertussis	0	1	2	5	1
Rubella	2	31	12	90	9
Salmonellosis	1	114	129	134	[illegible]
Shigellosis	0	310	501	277	136
Syphilis	24	1,394	1,358	1,573	1,091
Tuberculosis	2	215	270	256	213

Deaths for the week from communicable diseases:
Pneumonia 1

	1977	1976
Deaths recorded for the week:	142	141
Births recorded for the week:	334	357

10-31-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — October 31, 1977

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EARTHQUAKE SAFETY

Fishermen's Wharf - The Golden Gate Bridge - Chinatown - Some of the things people think about when San Francisco is mentioned. And also, the Great Fire of 1906 and the Earthquake that caused it. That's what those of us who live here sometimes think about. Earthquakes have always been part of living in California. Scientists are working on long-range earthquake prediction,but even if that's successful, we'll still have to deal with both the prediction and the 'quake itself. The San Francisco Health Department has some suggestions about earthquake safety:

BEFORE an Earthquake

1. Have emergency supplies like a portable radio, flashlight, first aid kit, food and water ready and easily accessible.
2. Learn what switches and valves control water,gas and electricity and how they work.
3. Locate the nearest hospitals and fire and police stations for help if phones are out of order.

DURING an Earthquake

1. If indoors, stay there. Get under a desk,table or doorway. Aftershocks may occur immediately so wait there even after the first shaking stops.
2. Don't rush outdoors. Falling glass, plaster, bricks, electrical lines and debris can kill or injure. Make sure everything that is going to move has done so.
3. If outdoors, move away from buildings and power lines; try to stay in the open. If you're in a moving car, bring it to a safe stop and remain inside until the 'quake is over.

AFTER an Earthquake

1. Put out open flames and burners. Then, inspect water, gas and electrical lines for leaks. If damaged, turn them off.
2. Provide necessary first aid. Phone for help from the police or fire department if needed, but do what you can to help yourself; they may be seriously delayed in responding. If the phone is out, walk or drive to the nearest emergency facility.
3. Listen to the radio for instructions and news. Use the telephone only to report medical, fire or violent crime emergencies. Don't go sightseeing; you'll have time later to see what happened.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASE FOR THE 43rd WEEK ENDING OCTOBER 28, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	3	59	96	57	8
Chickenpox	0	119	129	337	92
Gonorrhea	295	13,907	13,849	12,735	10,761
Hepatitis, Viral	23	929	1,175	740	505
Measles	1	44	23	480	10
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	0	38	34	47	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	14	21	221	51
Pertussis	0	1	2	5	1
Rubella	0	31	12	90	12
Salmonellosis	4	118	136	138	92
Shigellosis	9	319	514	281	110
Syphilis	22	1,416	1,408	1,573	1,107
Tuberculosis	7	222	275	257	219

Deaths for the week from communicable diseases:

Pneumonia 1

Deaths recorded for the week:	1977	1976
	146	155
Births recorded for the week	[illegible]	[illegible]

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director November 7, 1977

HEALTH HAZARD APPRAISAL

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What is my health now? How do I contribute to it? How healthy am I likely to be in the future? These are questions each of us should ask himself. Medical care - the treatment of symptoms and illness as they occur - is what we are most used to. Health Hazard Appraisal is something different. It's a way to answer such questions by helping the individual see himself and the part he plays in achieving his own best health.

Simply speaking, Health Hazard Appraisal (HHA) measures a person's risk factors that contribute to his life-expectancy. Risks are expressed as "appraisal" and "change" ages which may be older or younger than actual age. It means more and is easier to understand when you're told that, at 45, your medical history and habits give you an appraisal age of 53 with a corresponding life-expectancy. But by deciding to change certain elements of your life-style, you can lower that 53 to 52, 49, 46 or maybe even 40!

An example of a health risk is smoking. Research and tests show that smoking contributes to lung ahd heart diseases. By truly accepting this and seeing how reduction or elimination of smoking can affect your total health, you may want to do something positive about this particular habit. Hypertension is another illustration. High blood pressure is related to certain types of heart disease and stroke. HHA can assist in showing not only the presence of hypertension, but also the benefits of lowering blood pressure and reducing the chances of later complications.

HHA is not something that's done to you; it's a procedure you actively participate in. Here is what happens during an Appraisal: First, a complete personal and family health history is taken. Next, there are a few screening tests such as blood pressure, colesterol levels, etc. The patient,you,is asked about many things relating to life-style and basic attitudes. Personal information such as how you drive, feelings about alcohol and driving, arrest records for personal violence is included. Habits are considered, too - do you smoke or drink too much, take little exercise, over-eat? What comes out is a total picture of you and your life with probable life-expectancy if no changes are made. You can then decide how these health risks can be altered by action on your part.

Responsibility is what it's all about. The responsibility to find out how you really are - what your state of health is now and may be in the future. The responsibility to look at yourself realistically. And the responsibility to make necessary changes. The treatment of illness may be up to your doctor; the care of your health is up to you.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 44th WEEK ENDING NOVEMBER 4, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	0	59	98	59	8
Chickenpox	1	120	132	338	122
Gonorrhea	175	14,145	14,292	13,035	11,006
Hepatitis, Viral	23	952	1,191	772	516
Measles	0	44	23	480	11
Meningoccocal Inf.	0	3	1	10	1
Meningitis, Other	0	38	34	48	16

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	14	21	222	53
Pertussis	0	1	2	5	1
Rubella	1	32	12	90	12
Salmonellosis	7	125	140	138	97
Shigellosis	8	327	520	287	114
Syphilis	10	1,426	1,456	1,623	1,139
Tuberculosis	5	227	279	264	224

Deaths for the week from communicable diseases:

Pneumonia	1
Encephalitis	1

	1977	1976
Deaths recorded for the week:	150	167
Births recorded for the week:	296	221

/s 11-14-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

November 14, 1977

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THE HEAT'S ON

When summer goes "off", the heat goes "on". Even in the comparatively mild Bay Area winter, everyone wants to stay warm and cozy. With the sharp price increases in oil, gas and electricity used for home heating, some of us have gone back to using fireplaces, space heaters and old stoves in addition to furnaces. Another thing that has gone up is deaths related to heating: fire deaths increased 60 per cent last January over January, 1976 and poisoning from carbon monoxide (CO) and other gases went up 40 per cent.

Many of these tragedies resulted from inappropriate use of heating devices. You should know:

Charcoal grills, camping heaters and such things belong outside. They're not intended for indoor use because they produce dangerous amounts of CO and are not vented. Even the gas stove could be a CO threat if you tried to heat your home with an open oven.

It's a good buy to have your furnace inspected. Experts say a checkup can reduce fuel consumption by about 10 per cent. It can also pinpoint problems that might threaten your safety. A furnace needs a constant supply of air to burn properly. If it doesn't get it, it will burn inefficiently and produce more CO. Air from drafty doors and windows in most homes is enough; in a tightly insulated home, you might have to install intake air ducts. Ask your furnace man or insulation installer.

Fireplaces are great to sit by when the weather's cold and indoors seems the place to be. But fireplace accidents are another thing. Flying sparks and shifting logs in an unprotected fireplace are dangerous! Always use a screen and andirons. Too much heat can be a problem, too. Paper burns hot; use only what you need to start a fire. Don't overload the fireplace with wood; feed it gradually. Artificial logs burn hotter than wood so burn only one at a time (none in some of the cheaper sheet metal fireplaces). Have the chimney checked periodically and cleaned, if necessary.

Space heaters are a common way of heating individual rooms. Coal and wood-burning stoves are enjoying a come-back as well. Burns are a major problem with this type of heating. Heaters should stand well away from people, drapes, papers and the floor. An asbestos sheet under the heater is a good idea. Children must be trained to keep their distance. Fuel-burning heaters give off CO and should be vented to the outside by a masonry or insulated metal chimney.

A good way to fight winter heating bills is insulation. Investigate different types and choose one that is either naturally fire-resistant (glass fiber or vermiculite) or has been treated with a flame-retardant (such as treated cellulose). See that it's installed according to State regulations.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45th WEEK ENDING NOVEMBER 10, 1977

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Amebiasis	13	72	98	63	3
Chickenpox	9	129	133	339	122
Gonorrhea	304	14,449	14,616	13,312	11,311
Hepatitis, Viral	20	972	1,205	798	532
Measles	0	44	23	480	11
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	0	38	34	48	16

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1977	Year to Date 1976	1971-75 Range: High	Low
Mumps	0	14	22	224	55
Pertussis	0	1	2	5	1
Rubella	0	32	12	90	12
Salmonellosis	1	126	143	144	100
Shigellosis	2	329	527	291	117
Syphilis	27	1,453	1,509	1,673	1,171
Tuberculosis	7	234	283	271	227

Deaths for the week from communicable diseases:
Pneumonia 1

	1977	1976
Deaths recorded for the week:	140	155
Births recorded for the week:	200	395

11-21-77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — November 21, 1977

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TURKEY SAFETY

Maybe you thought we meant holding your turkey's wing when crossing the street or not letting it go out alone at night. Actually, we mean a safe holiday turkey for you, your family and your guests. Turkey and other poultry (chicken, duck, goose, etc.) is good all year, but Thanksgiving, Christmas and New Year's seem to be especially appropriate for serving a festive and elaborate meal featuring a favorite bird.

Unless poultry is handled carefully at all stages of preparation, though, it may reach the table infected with salmonella - a germ that can mean cramps, diarrhea and other symptoms of food-borne infection. In San Francisco, the Health Department oversees the safe handling of all poultry in the local markets. But how you treat it once it's yours can often determine if your dinner will make you feel as good as it tastes.

Holiday birds are sold fresh, frozen, whole, in parts, in rolls, with or without stuffing, "oven ready", and ? However you buy, remember to keep it very cold or very hot. Refrigerate your choice as soon as you bring it home and leave it there until ready to deal with it further. Don't let it stand at room temperature, either raw or cooked.

FOR A SAFE HOLIDAY DINNER

(all year)

1. Do not thaw commercially frozen stuffed birds before cooking. Thaw other frozen poultry in the original wrappings in the refrigerator for 1 to 3 days depending on size. A popular method of defrosting frozen birds is to let them sit under running cold water until thawed. This year, with the water shortage and rationing, try to get your bird early enough to use the refrigerator method. Don't thaw by letting it sit out at room temperature! After it's thawed, cook as soon as possible.

2. Roast the bird unstuffed and bake stuffing separately in a shallow pan. If you really must stuff, do it at the last minute before roasting. Roast the bird at 325 degrees F. for 20-25 minutes per pound. It's done when a meat thermometer in the bird reads 180-185 degrees F.; stuffing should read 165 degrees.

3. Serve within 30 minutes. Don't let the leftovers stand too long and remove all stuffing from the bird as soon as possible. To store, wrap bird well to prevent drying and refrigerate.

If you keep these points in mind, chances are the only thing you'll be suffering from after a holiday meal is a slight case of being "stuffed" yourself! Gobble! Gobble!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46th WEEK ENDING NOVEMBER 18, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	0	72	98	66	8
Chickenpox	2	131	133	341	122
Gonorrhea	271	14,720	15,104	13,655	11,527
Hepatitis, Viral	30	1,001	1,217	807	554
Measles	0	44	27	480	11
Meningococcal Inf.	0	3	1	10	1
Meningitis, Other	1	39	35	49	16

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Mumps	0	14	29	225	57
Pertussis	1	2	2	5	1
Rubella	0	32	12	90	12
Salmonellosis	4	130	148	146	101
Shigellosis	9	338	537	297	123
Syphilis	21	1,474	1,548	1,698	1,205
Tuberculosis	14	248	290	278	233

Deaths for the week from communicable diseases:

Pneumonia	2
Tuberculosis	2

	1977	1976
Deaths recorded for the week:	188	179
Births recorded for the week:	276	222

11-28-77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director November 28, 1977

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LIQUID PROTEIN DIET

Our society places a premium on slimness and fad diets for achieving this ideal come and go. Lately, there has been a lot of publicity about using predigested liquid protein in dieting. These diets are being promoted as a new way of reducing "without drugs". There is concern, however, about the unsupervised and uninformed use of such very low calorie diets for losing weight. To date, 16 deaths and a number of cases of severe illness have been reported to the Federal Food and Drug Administration. All the cases reported involved people who were on this type of diet without other nourishment for weeks or months.

Of the 16 persons who died, none had a history of heart disease. All died suddenly, without previous symptoms, of heart irregularities - either while on the diet or shortly after going off it. The FDA believes that the liquid protein diet was at least a contributing factor in the deaths though further study is needed to establish a direct relationship.

Advertising downplays its strenuous nature and fails to say that such a diet may be hazardous for many people. While severe diets have some value in treating the very obese, the predigested liquid protein diet has real potential dangers and should be used cautiously. The San Francisco Health Department urges those who are now on the diet or may be thinking about it to remember the following points:

- Don't go on the diet on your own; consult your doctor first. It requires strict monitoring and vitamin and mineral supplements must be carefully prescribed. If you are already taking any prescription drug, it's especially important that you do this.

- If you are elderly, have kidney, liver or heart disease or high blood pressure or if you are pregnant or a nursing mother, do not go on the liquid protein diet.

- None of the liquid protein diets is nutritionally complete; use of the diet alone can lead to serious nutritional deficiencies. This includes potassium imbalance, which can cause fatal heart irregularities; rapid drop in blood pressure on standing up or muscle weakness and cramps; dry skin; or hair loss.

- Coming off the diet and re-introducing your body to solid food is a difficult time; be very careful to follow your doctor's instructions.

Although it's healthy to keep your weight within normal limits, a more moderate approach to dieting is recommended. Any extremely low calorie diet, including the predigested liquid protein diet, should be used only as a drastic measure, prescribed and directed by your doctor.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47th WEEK ENDING NOVEMBER 25, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	9	81	98	68	8
Chickenpox	4	135	133	342	123
Gonorrhea	231	14,951	15,390	13,988	11,807
Hepatitis, Viral	13	1,014	1,231	815	563
Measles	-	44	28	480	11
Meningococcal Inf.	-	3	1	10	1
Meningitis, Other	-	32	37	49	18

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	100	114	29	226	62
Pertussis	-	2	2	5	1
Rubella	1	33	12	90	12
Salmonellosis	-	130	148	152	101
Shigellosis	10	348	546	302	128
Syphilis	23	1,497	1,585	1,723	1,224
Tuberculosis	6	254	294	281	239

Deaths for the week from communicable diseases:
Pneumonia 2

	1977	1976
Deaths recorded for the week:	148	123
Births recorded for the week:	182	177

12/5/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

DOCUMENTS

Mervyn F. Silverman, M.D., M.P.H., Director

DEC 9 1977

December 5, 1977

FIRE SAFETY AND CHRISTMAS TREES

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The Christmas tree, with its lights and ornaments, is a very special thing for a very special time of year. It makes us feel good just to see it and be reminded of the joy and happiness surrounding the entire holiday season.

It can be a special danger, too. This year's trees may be drier than normal because of the drought. Even if you cut your own, it won't have the amount of moisture a fresh-cut tree usually has. Keep these things in mind when you buy and set up your tree:

1. If you don't put your tree up immediately, make a fresh diagonal cut in the base and set it in a bucket of water. Store in a cool place such as an unheated garage or basement or on the back porch. Add water as needed.
2. When you're ready to set it up, make a new diagonal cut in the tree base and mount it in a sturdy stand that holds water. Fill with water and keep it filled. Place the tree well away from any source of heat, traffic areas and exit doorways. Keep the room as cool as you can.
3. Some artificial trees are made of flame-resistant material or treated with chemicals that retard fire. Fresh trees purchased at lots may also be sprayed with a flame-retardant. Get a treated tree; it should have a tag saying its been flame-proofed.
4. Use only U.L.-approved wiring and lights. Check your strings for fraying, cracking or other damage. Be sure the bulbs don't actually touch any of the needles. There are reflectors that fit around the bulb, partially shielding the needles and adding light. Consider using them this year. Never use lighted candles on a natural tree or regular Christmas lights on a metal tree.
5. Don't let children play close to the tree and don't leave a small child alone in the room with it. A dry tree can completely burn in 15 seconds! Never have the lights on when you're not there.
6. Only non-flammable ornaments made of metal or glass should be used. Avoid anything that could burn easily if ignited by a fireplace spark or cigarette.
7. Check your tree frequently for drying. You might want to limit burning the lights as the tree dries. In San Francisco,it's customary to keep a tree until January 6th; you may have to stop using the lights before then. Even unlit, a very dry tree is a tremendous fire hazard. If your tree dries out completely or turns brown, discard it at once!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 48th WEEK ENDING DECEMBER 2, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	5	86	98	70	8
Chickenpox	4	139	133	347	130
Gonorrhea	416	15,367	15,777	14,281	12,028
Hepatitis, Viral	32	1,046	1,247	835	577
Measles	0	44	28	480	11
Meningococcal Inf.	0	3	2	10	1
Meningitis, Other	0	39	38	49	18

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Mumps	0	24	29	226	68
Pertussis	0	2	2	5	1
Rubella	0	33	12	91	12
Salmonellosis	4	134	152	154	103
Shigellosis	7	355	561	309	136
Syphilis	25	1,522	1,629	1,772	1,272
Tuberculosis	4	258	301	289	252

Deaths for the week from communicable diseases:
Pneumonia 4

	1977	1976
Deaths recorded for the week:	181	201
Births recorded for the week:	178	48

f/s 12/12/77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — December 12, 1977

DEC 15 1977
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FETAL ALCOHOL SYNDROME

"Eat for two." There's more than a little truth in that old advice to expectant mothers. As unborn baby receives all it's nourishment from it's mother - what she eats, he eats. And what she drinks, he drinks, too. Everything a pregnant woman eats or drinks passes through the placenta, the organ which nourishes her child. That includes alcohol - wine, beer or hard liquor. The drink the baby gets is just as strong as the one his mother takes, but it affects him more because he's so much smaller.

Scientists have found that many children of women who drank excessively while pregnant have a pattern of physical and mental defects. The more severe problems are called the "Fetal Alcohol Syndrome". About 1,500 babies each year are born with the full Syndrome and many more have some damage due to alcohol. Affected babies are abnormally small at birth, especially in head size, and they never catch up to normal growth. Most of them have small brains and show some degree of mental deficiency. They may also be jittery and have poor coordination with short attention spans and behaviorial difficulties. It's believed that alcohol acts adversely on the baby's fast-growing tissues, either killing cells or slowing their growth. Because the brain develops throughout pregnancy,it seems to be the organ most affected by maternal drinking.

Fetal Alcohol Syndrome youngsters usually have narrow eyes and low nasal bridges with short, upturned noses. Almost half of them have heart defects, which in some cases, require surgery. Not every Syndrome child will have all these problems, of course, but there is a relationship between physical characteristics and degree of mental impairment. The more severely retarded youngsters are also those with the most noticeable physical defects.

It's estimated there are more than one million alcoholic women of childbearing age in the United States today and the number is increasing - especially among adolescents. Babies of teenagers who drink heavily are in double jeopardy. Because of the immaturity of their mothers' bodies, they may be born too small or too soon. If they have been exposed to excessive amounts of alcohol as well, they may also suffer some symtoms of Fetal Alcohol Syndrome.

The key word is "excessive". What is "excessive"? No one knows. An occasional drink during pregnancy may do no harm,but again,we don't know how much alcohol may be too much. We do know that Fetal Alcohol Syndrome is an avoidable tragedy. Women of childbearing age can prevent this kind of prenatal damage by considering the following suggestions: If you're pregnant, don't drink; if you drink heavily, don't become pregnant. And if you can't stop drinking on your own, get help before becoming pregnant.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49th WEEK ENDING DECEMBER 9, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Amebiasis	7	93	99	71	3
Chickenpox	9	148	133	347	130
Gonorrhea	154	15,521	16,008	14,703	12,296
Hepatitis, Viral	46	1,092	1,261	848	550
Measles	2	46	28	480	11
Meningococcal Inf.	0	3	2	10	1
Meningitis, Other	0	39	40	49	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	Year to Date 1976	1971-75 Range High	Low
Mumps	1	25	29	227	60
Pertussis	0	2	2	5	1
Rubella	1	34	13	91	14
Salmonellosis	4	138	155	156	104
Shigellosis	6	361	573	319	139
Syphilis	28	1,550	1,641	1,737	1,314
Tuberculosis	2	260	311	296	265

Deaths for the week from communicable diseases:
Pneumonia 0

	1977	1976
Deaths recorded for the week:	142	135
Births recorded for the week:	273	307

2/s 12/19/77

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — December 19, 1977

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BLUE CHRISTMAS?

"I'm dreaming of a white Christmas, just like the ones I used to know"...That song has been part of the Christmas season for many years. It seems to express what many of us feel about this time of year: anticipation, excitement, nostalgia.

But it's possible for even the whitest Christmas to have a tinge of blue. The feeling that, somehow, it isn't as exciting as it should be; that the fun of a new Christmas and the charm of old Christmas' seem to be missing. This doesn't happen every year, but maybe it's happening to you this year. Probably you don't mention it to anyone, but you're a little depressed, a little tired, a little angry that things don't seem to be turning out as you want them.

Think that's just you? Not at all. The holiday season has that effect on many people at one time or another. Suicide Prevention says they receive more calls of a serious nature during this season than during the rest of the year. Why? Why not? We put a heavy burden on just one day, or rather, on what we think that day should be. And sometimes, we're disappointed. Don't be surprised if it happens to you - you're not alone. Don't give up, either. Do something.

Maybe not as much partying. Alcohol is a depressant. When you're already slightly depressed, more isn't necessarily better. You'll also have less chance of a holiday accident if you drink a bit more plain eggnog. Get extra rest even if you have to miss some things. You may go out less, but you may find you enjoy what you are doing more. Slow down on the rich foods and get more exercise. All that extra food can be upsetting and pull you down. Exercise will help you feel, and be, in better shape. Taking care of yourself and avoiding fatigue and illness can help you work on those "blues". It's really true - when the body feels good, the mind frequently does, too.

Share with someone. Other people, for their own reasons, may find the season hard to deal with alone. Reach out. Get involved in someone's life, in your community or church, in anything that isn't just you. Concentrating on other things for a while can relieve you of too much time to think about yourself.

Talk to someone; let them know how you feel. Even if your feelings aren't shared, talking can make them seem less important. Above all, be patient. Every Christmas isn't the same and next year will be different. Enjoy the here-and-now and look ahead to what's coming instead of focusing on the past. Whiten up your Christmas and you may brighten up your whole world.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50th WEEK ENDING DECEMBER 16, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	2	95	101	73	8
Chickenpox	16	164	134	349	140
Gonorrhea	605	16,126	16,401	14,894	12,518
Hepatitis, Viral	15	1,107	1,283	864	599
Measles	0	46	28	481	11
Meningococcal Inf.	0	3	2	10	1
Meningitis, Other	0	39	40	50	21

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	1	26	30	28	72
Pertussis	0	2	2	5	1
Rubella	0	34	19	92	17
Salmonellosis	1	139	156	158	105
Shigellosis	3	364	587	328	147
Syphilis	62	1,612	1,677	1,847	1,337
Tuberculosis	18	278	313	306	279

Deaths for the week from communicable diseases:

Pneumonia	1
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	149	146
Births recorded for the week:	250	166

/s 12/26/77

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — December 26, 1977

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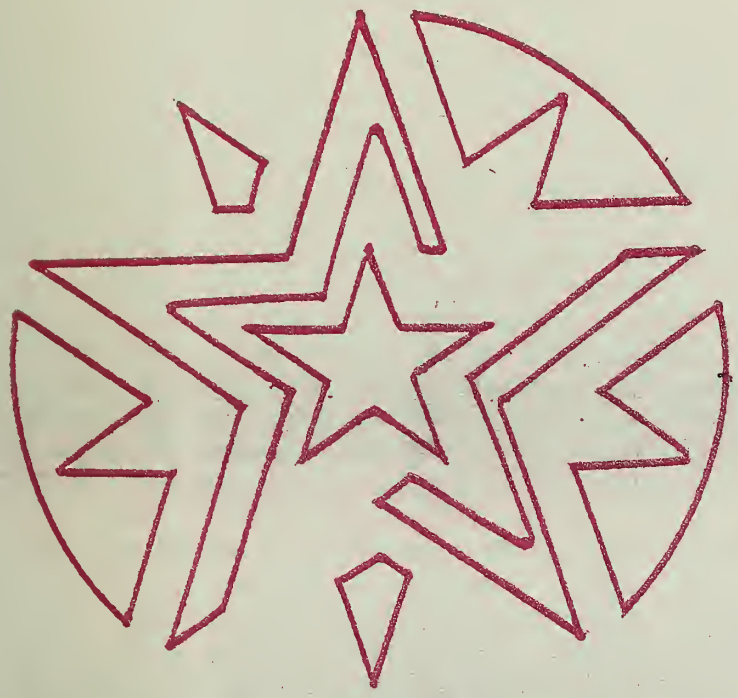

SEASON'S GREETINGS
from the STAFF of the
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51st WEEK ENDING DECEMBER 23, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	1	96	101	76	8
Chickenpox	3	167	134	349	143
Gonorrhea	281	16,407	16,769	15,422	12,831
Hepatitis, Viral	27	1,134	1,302	879	611
Measles	2	48	28	481	11
Meningococcal Inf.	1	4	2	10	1
Meningitis, Other	1	40	40	50	21

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	1	27	30	228	84
Pertussis	-	2	2	5	1
Rubella	-	34	15	92	17
Salmonellosis	4	143	160	165	107
Shigellosis	5	369	594	338	158
Syphilis	33	1,645	1,723	1,897	1,379
Tuberculosis	3	281	321	323	287

Deaths for the week from communicable diseases:

Pneumonia	2
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	161	160
Births recorded for the week:	290	322

/s 1-2-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

JAN 12 1978

January 2, 1978

WELLNESS: A GIFT TO YOURSELF

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What about starting the New Year with a gift to yourself? Something very personal that will last a long time and add satisfaction and enrichment to your life, something really unique. Wellness might fit that description for you.

Wellness has surfaced as a serious concept of living. It isn't opposed to traditional medicine, but is an extension and amplification of it. It's being well in all possible ways: physically, mentally, creatively. Like everything else, we don't exist in a static state. We are constantly changing and so is the world around us. By utilizing change in a positive way, we can begin to feel good about ourselves and about our lives.

There are degrees of wellness just as there are degrees of illness. Think of yourself as a dot in the middle of a line that extends equally to the right and left. You are at zero - not being overtly ill and not necessarily at your most well and most happy. If you move to the left on the line, you begin to go down the scale through progressively worse health toward eventual death. With successful medical treatment, you move back up, closer to zero. This is the course we usually follow; that is, back and forth between being physically okay and extinction. By going past zero to the right, you move into well medicine, toward growth and change and, eventually, high-level wellness.

How do you move in the direction of wellness? By being conscious of everything about yourself and acting on that consciousness. Taking care of yourself physically with good diet, enough rest, medical treatment when indicated, exercise, correct weight, limited smoking and drinking, good safety habits, etc. Being mentally and emotionally healthy. Isolating elements in your life that contribute to depression and unhappiness. Changing them or your attitude about them with professional help,if necessary,and coming to terms with your needs and expectations. Caring for others and letting them care for you.

Move toward wellness by allowing yourself to be creative. Do something just because you want to do it. Take a class, start to paint or write, join a group, plant a garden, any project that demands participation and involvement and gives satisfaction. In your work, doing a job you like and doing it well (or beginning to like the job you're doing!). Sharpening your awareness of the world and other people. Learn what's happening and try to be part of it. Not just with family and friends, but in your neighborhood, city, the country as a whole.

A gift has to be used to be enjoyed. Use and extend yourself to be a complete person in every sense, not just for this year but for many future years.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 52nd WEEK ENDING DECEMBER 30, 1977

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Amebiasis	8	104	101	76	8
Chickenpox	0	167	137	250	144
Gonorrhea	151	16,558	17,088	15,754	13,067
Hepatitis, Viral	21	1,155	1,309	893	624
Measles	1	49	29	481	11
Meningococcal Inf.	0	4	2	10	1
Meningitis, Other	0	40	40	51	21

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1971-75 Range High	Low
Mumps	0	27	31	230	34
Pertussis	0	2	2	5	1
Rubella	0	34	15	92	17
Salmonellosis	0	143	161	171	107
Shigellosis	8	377	602	333	150
Syphilis	38	1,683	1,754	1,932	1,399
Tuberculosis	4	285	331	334	220

Deaths for the week from communicable diseases:

Pneumonia	0
Tuberculosis	1

	1977	1976
Deaths recorded for the week:	139	178
Births recorded for the week:	152	181

7/S 1-9-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

JAN 18 1978

Mervyn F. Silverman, M.D., M.P.H., Director

January 9, 1978

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COMMUNICABLE DISEASES REPORTED - 1977

The table at the bottom of the Weekly Bulletin presents the cumulative totals, by week, of selected reported communicable diseases in San Francisco. Publication of these figures alerts the practicing physician to the prevalence of a particular disease at a given time in order to plan for the health of patients. Also, these same figures can remind the general population of potential health hazards for which to take appropriate measures. An example would be the sudden rise in measles incidence recorded in 1975, which was reversed to almost zero in 1976 by a massive immunization campaign mounted as a response to the out-break. Vaccines against measles-mumps-rubella in combination are available and strongly recommended.

There is some satisfaction in the small number of new tuberculosis cases. However, it is sufficiently large to indicate that the control of tuberculosis remains an important Public Health problem. The level of mumps, rubella and chickenpox cases probably reflects the varying incidence of these diseases in multi-year cycles.

Successful immunization can also reduce other diseases to the vanishing point. This is dramatically brought to our attention by the absence of reports of such formerly common diseases as diphtheria,tetanus and poliomyelitis which no longer are routinely mentioned in our weekly report. Reported cases of pertussis (whooping cough) remain gratifyingly low.

San Francisco shares with most of the country a relatively high rate of viral hepatitis. The slight decrease from last year follows a general national trend. Hepatitis B ("serum" hepatitis) is contracted from virus-contaminated blood, associated with blood transfusions, shared needles of those in the so-called "drug culture", and from some sexual contacts. The incidence of Hepatitis A ("infectious" hepatitis) usually is greater among crowded populations living under poor sanitary conditions. Many "communes" in San Francisco and neighboring areas can be so described.

A later Bulletin will review the venereal disease situation, particularly the continued high incidence of syphilis and gonorrhea.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1st WEEK ENDING JANUARY 6, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	0	0	0	4	0
Chickenpox	4	4	1	12	1
Gonorrhea	202	202	230	351	189
Hepatitis, Viral	16	16	18	16	4
Measles	0	0	0	1	0
Meningococcal Inf.	0	0	0	1	0
Meningitis, Other	3	3	2	2	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	0	0	1	0
Pertussis	0	0	0	0	0
Rubella	0	0	0	2	0
Salmonellosis	5	5	5	6	0
Shigellosis	3	3	3	16	1
Syphilis	11	11	36	41	15
Tuberculosis	5	5	3	8	1

Deaths for the week from communicable diseases:
Pneumonia 2

	1978	1977
Deaths recorded for the week:	156	212
Births recorded for the week:	100	221

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

JAN 19 1978

Mervyn F. Silverman, M.D., M.P.H., Director

January 16, 1978

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GENETICALLY HANDICAPPED PERSONS PROGRAM

Genetic conditions, such as cystic fibrosis, hemophilia and sickle cell disease, are life-long. They are also life-threatening and can be economically disastrous for both the patient and his family. At present, they have no cure, but there are treatments to make them more manageable for those who can afford it. For those who can't, these three conditions are now covered by a State program, the Genetically Handicapped Persons Program (GHPP). Its purpose is to provide for high quality medical care for patients who qualify. The program is being administered in San Francisco through the Health Department's Crippled Children's Services.

GHPP is intended to help deal with some of the problems faced by people with these diseases. It's often very difficult or even impossible for the patient to obtain health insurance; many are forced into programs for the totally disabled in order to get medical coverage. Yet, the fact that medical costs not met by insurance or other resources will be paid can make it possible for most adult clients to be gainfully employed and contributing members of the community. Financial self-reliance can also help them build a functional life around their disability. The program helps by paying for services not covered by other programs and/or insurance. More than 1,300 persons are enrolled State-wide: over 500 with hemophilia, 650 with cystic fibrosis and 150 with sickle cell disease.

Services covered are:

* All outpatient and hospital care
* Blood and blood products
* Laboratory, X-ray and other examinations
* Medications and prescribed vitamins and food supplements
* Physical and occupational therapy and other rehabilitation services
* Periodic evaluation and supervision
* Transportation to medical care
* Medical and surgical treatment
* Appliances and their maintenance

If you, or your child, are under 21 years of age and have any of the covered conditions, you can apply for GHPP through Crippled Children's Services at 101 Grove St., phone: 558-3406. Adults can apply directly to the State by writing or phoning: Genetically Handicapped Persons Program, 714 "P" St., Room 398, Sacramento, Calif. 95814; telephone: (916) 322-2093. Crippled Children's Services also has applications for adults; they can be obtained at the DPH offices or at any of our five District Health Centers.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2nd WEEK ENDING JANUARY 13, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low	CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	2	2	0	6	0	Mumps	1	1	0	6	0
Chickenpox	26	30	6	28	2	Pertussis	0	0	0	1	0
Gonorrhea	359	561	517	635	317	Rubella	0	0	0	3	0
Hepatitis, Viral	27	43	45	45	16	Salmonellosis	1	6	7	12	2
Measles	0	0	0	11	0	Shigellosis	3	6	7	24	2
Meningococcal Inf.	1	1	0	1	0	Syphilis	22	33	54	85	25
Meningitis, Other	0	3	2	3	0	Tuberculosis	4	9	10	18	4

Deaths for the week from communicable diseases:

Pneumonia	3
Tuberculosis	1
Chickenpox	1

Deaths recorded for the week:	1978	1977
[illegible]	[illegible]	[illegible]

/s 1-23-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

JAN 24 1978

January 23, 1978

STRESS AND CHANGE

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Stress is part of everyday living for all of us. Ordinarily, we think of it as something bad, to be avoided. And yet, it's necessary in motivating us to keep going and can be useful in promoting healthy change and adaptation. This kind of tension is found everywhere - at work, within the fmaily, in our relationships with friends, sometimes, by just driving down a San Francisco street! Even happy occasions, such as vacations or marriage, involve some stress.

Many times,stress is associated with change. All changes,both joyful and unhappy, wanted and unplanned, bring their own particular strains. Because a new situation is unknown, it makes us feel uneasy and under pressure. Too much of this pressure in too short a time can have an unhealthy effect on any one. A professor of psychiatry at the University of Michigan has designed the following scale, assigning point values to changes that affect us. When a score of 300 is totaled within a year, a danger point has been reached and we may find we are under more stress than we can manage. That's when it may be good to get professional help. Take this test to see how you rate.

LIFE CHANGE	POINTS	LIFE CHANGE	POINTS
Death of spouse	100	Change to different kind of work	36
Divorce	73	Change in number of arguments with spouse	35
Marital separation	65	Foreclosure of mortgage or loan	30
Jail term	63	Change in work responsibilities	29
Death of close family member	63	Son or daughter leaving home	29
Personal injury or illness	53	Trouble with in-laws	29
Marriage	50	Outstanding personal achievement	28
Fired from job	47	Wife beginning or stopping work	26
Marital reconciliation	45	Beginning or ending school	26
Retirement	45	Revision of personal habits	24
Change in health of family member	44	Trouble with boss	23
Pregnancy	40	Change in residence	20
Sex difficulties	39	Change in schools	20
Gain of new family member	39	Vacation	13
Change in financial status	38	Minor violations of law	11
Death of close friend	37		

If we learn to recognize and understand stress, we can learn to deal with it better. San Francisco has a number of various agencies that help people with personal problems. To find out more, call the S.F. County Mental Health Services 24-hour number at: 565-5100: or phone the Community Mental Health Center nearest your home.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING JANUARY 20, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	6	8	-	6	1
Chickenpox	28	58	7	46	4
Gonorrhea	577	1,138	882	806	570
Hepatitis, Viral	26	69	64	75	29
Measles	0	0	-	19	1
Meningococcal Inf.	0	1	-	1	0
Meningitis, Other	1	4	2	5	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	2	3	-	13	1
Pertussis	0	0	-	1	0
Rubella	0	0	-	8	0
Salmonellosis	1	7	7	13	4
Shigellosis	14	20	10	31	5
Syphilis	51	84	98	92	68
Tuberculosis	9	13	10	25	5

Deaths for the week from communicable diseases:

Influenza	1
Hepatitis	1

	1978	1977
Deaths recorded for the week:	153	153
Births recorded for the week:	84	837

/s 1-30-78

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

FEB 3 1978

Mervyn F. Silverman, M.D., M.P.H., Director January 30, 1978

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PRESCHOOL TESTING FOR AMBLYOPIA

A child doesn't know how well he sees; he just assumes that everyone sees the world the way he does. He may have blurred or double vision or use only one eye and never mention it because he doesn't know it should be any different. This is especially true of the preschool child.

The San Francisco Health Department is concerned about detecting amblyopia in preschool children because amblyopia at this age can almost always be corrected. Later, it may not respond to treatment and the result will be impaired sight. Seeing is actually done by the brain, not the eyes, and it's in how the brain works that amblyopia develops. Normally, "learning to see" takes place automatically and equally in both eyes. Each eye receives a separate but identical image and the brain blends them into one. If one eye is significantly different from the other in size, shape or any other way, the two eyes will not receive the same image and blending won't take place. When that happens, the brain will suppress the impression from the weaker eye and do its seeing with the stronger one. Another cause of amblyopia is faulty alignment, i.e. when one eye is turned outward or inward in relation to the other. Again, both eyes don't send the same signal to the brain so it eliminates one and uses only the other. Either way, the result is one good eye doing the work of two.

It's important that amblyopia be diagnosed and treated when the child is still as young as possible; after he starts school is often too late. In treatment, the normal eye is covered by a patch to force the use of the eye that is not seeing sharply. This is more easily accepted by preschoolers than by kindergarten or first grade children because the patch makes them look different from their classmates. A combination of patching and corrective glasses is sometimes prescribed or surgery may be used in certain cases of severe muscle imbalance.

Children three to five years old in programs run by the S.F. Unified School District are tested routinely. The Northern California Society for the Prevention of Blindness also does amblyopia testing and will send volunteers to screen preschool children in nursery schools or day-care centers free of charge. If you have a preschool child who is not in a public or private program, the Northern California Society will send you a Home Eye Test Kit to use in screening your child at home. For either free service, contact the Society at PO Box 8042, San Francisco, Calif. 94118 or phone: 387-0934.

Make sure your child sees his world in the best possible light --- make sure he has two good eyes.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 4th WEEK ENDING JANUARY 27, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	18	26	1	8	1
Chickenpox	9	67	7	146	5
Gonorrhea	353	1,491	1,280	1,275	847
Hepatitis, Viral	28	97	98	103	47
Measles	0	0	2	52	2
Meningococcal Inf.	0	1	-	1	0
Meningitis, Other	0	4	3	5	1

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	3	-	26	1
Pertussis	0	0	-	1	0
Rubella	1	1	-	12	1
Salmonellosis	7	14	12	17	6
Shigellosis	7	27	12	53	7
Syphilis	28	112	148	125	68
Tuberculosis	4	22	14	30	16

Deaths for the week from communicable diseases:

Pneumonia	4
Meningitis	1

	1978	1977
Deaths recorded for the week:	174	158
Births recorded for the week:	154	319

S 2/6/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

February 6, 1978

FEB 8 1978

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HOME SAFETY AND THE OLDER PERSON

A man's (or woman's) home may be his castle, but it can also be his greatest safety hazard! We give a lot of thought and attention to making our homes comfortable, attractive and efficient, but rarely think of making them safe. Home safety is important for everyone, but especially for older people. Most accidents that occur to seniors happen in the home and almost all of them could have been prevented. A few simple precautions:

- Polished floors and scatter rugs often cause slips and falls. Tacked down carpets or large, firm rugs make the safest floor coverings.

- Night lights in the bedroom,bathroom,hallways and other critical areas are important. Older people often get up at night or may have trouble seeing because of faulty eyesight. A low light could be just enough to help avoid a fall or running into something.

- Stairways are a special source of danger. They should have securely fastened handrails and be well lighted at both top and bottom. Eliminate loose rugs by the stairs and repair or replace loose or worn carpet on the treads.

- The bathroom, always a potential danger spot, can be made much safer. Older people sometimes move slowly and stiffly. A metal frame around the toilet or a grab bar on the wall next to it is a help in getting up and down. Bathing can be made safer by handgrips for stepping in and out of the tub, a bath seat, a nonslip stool to sit on while showering and nonslip mats to stand on.

- The medicine cabinet needs attention, too. Throw away all expired medicines or any that aren't being used any longer. If containers with safety tops can't be managed, take extra precautions with medicines. In any event: don't take medicine in the dark; don't assume you know what you're taking and how to take it - read the label every time; don't store internal and external medicines together.

- The kitchen is also a hazard area. Stove control markings should be large, clear and well lighted. Don't wear loose or flowing clothing while working in the kitchen. Wipe up spilled liquid and grease immediately. Again, no scatter rugs!

- Climbing can cause accidents to older people. A step ladder isn't for anyone who has balance problems or is somewhat weak;standing on a kitchen chair instead is no better. The best thing is not to climb at all but get someone younger to do it. If that's not possible, store things lower where they can be reached by using a low stool.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 5th WEEK ENDING FEBRUARY 3, 1978

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Amebiasis	-	26	1	10	1
Chickenpox	11	78	7	46	6
Gonorrhea	409	1,900	1,677	1,584	1,100
Hepatitis, Viral	26	123	121	130	58
Measles	2	2	5	69	2
Meningococcal Inf.	-	1	-	1	0
Meningitis, Other	1	5	3	6	2

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Mumps	3	6	1	[illegible]	2
Pertussis	-	-	-	2	[illegible]
Rubella	-	1	1	15	[illegible]
Salmonellosis	1	15	16	19	[illegible]
Shigellosis	8	35	30	67	[illegible]
Syphilis	27	139	200	168	[illegible]
Tuberculosis	14	36	31	[illegible]	[illegible]

Deaths for the week from communicable diseases:

Pneumonia	5
Meningococcal Inf.	1

	1978	1977
Deaths recorded for the week:	[illegible]	[illegible]
Births recorded for the week:	[illegible]	[illegible]

4S 2/13/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

FEB 22 1978

February 13, 1978

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BETTER LATE THAN NEVER.
(BULLETIN SURVEY TABULATED)

It's been a while in coming, but the results of the questionnaire which was sent out last September regarding the Bulletin have been tabulated. First, we would like to thank all of you--the 406 out of approximately 2000--who took the time to respond. Many good suggestions were included with the questionnaires, and the extra effort was very much appreciated.

In the near future there are plans to change the format from the present one-page weekly to a monthly publication of approximately four pages or more. At this time it is still in the planning stages, and any suggestions or comments would be welcome--contact the Bureau of Health Promotion, room 204, 101 Grove St.

The results of the survey will be used to help determine the final decision as to how the new publication will look and what it will contain. We hope that as a result of this we will be able to develop a publication that will best serve all of our needs and interests.

Of the 406 who responded, there was no clear preference shown between a weekly publication and a monthly one. The decision to go ahead with the new monthly format was based on a number of factors, including the desire for more in-depth and complete coverage on some topics, and indications from the respondants that a wider variety of information could be presented in a larger sized publication.

The subjects most often selected as those people would like to read about included: controversial subjects (71%), illness and medical care (71%), wellness (69%), facts and statistics (62%), news and profiles of the people and programs at the Health Department (55%), safety and accident prevention (50%), and philosophical issues (48%).

The features most often preferred were: a Question and Answer column (63%), a column by the Director and other Administrators (49%), and a Sounding Off column (40%). All of these are being considered as part of the new format, as well as many others.

Once again we would like to thank you for your cooperation and for taking the time to respond to the survey. We look forward to any further comments, suggestions, or helpful hints that you would like to give, and we look forward to producing a new publication.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6th WEEK ENDING FEBRUARY 11, 1978

CASES REPORTED:	For The Week	Cumulative Totals Year to Date 1978	1977	1971-75 Range High	Low
Amebiasis	8	34	4	10	1
Chickenpox	-	78	7	46	6
Gonorrhea	326	2226	2028	1853	1315
Hepatitis, viral	26	149	144	153	67
Measles	-	2	13	75	2
Meningococcal Inf.	-	1	-	2	0
Meningitis, Other	3	8	6	7	2

CASES REPORTED:	For The Week	Cumulative Totals Year to Date 1978	1977	1971-75 Range High	Low
Mumps	1	7	1	58	3
Pertussis	-	-	-	2	0
Rubella	-	1	1	16	1
Salmonellosis	3	18	25	23	9
Shigellosis	-	35	50	75	11
Syphilis	28	167	252	205	150
Tuberculosis	19	55	23	47	29

Deaths for the week from communicable diseases:

Pneumonia	21 *
Influenza	2 *

*reflects change in determining deaths in accordance with CDC instructions

	1978	1977
Deaths recorded for the week:	240	152
Births recorded for the week:	330	264

/s 2/20/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

February 20, 1978

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TEENAGE PREGNANCIES - AN EPIDEMIC IN AMERICA

Most young people want to have children at some time in their lives. Few of them want to have babies while they are still teenagers themselves. Yet each year, more than one million 15-19 year-olds become pregnant, one-tenth of all women in this age group. In addition, some 30,000 girls younger than 15 get pregnant annually.

Teenage childbearing is a serious - and growing - social, economic and health problem for teenage mothers and their children in the United States. Teens are much more likely to lose their babies soon after birth than women who give birth in their 20's. Also, babies born to teenagers are more likely to be premature and of low birth weight than infants born to mothers in their 20's. Not only is the infant of a teenage mother at greater risk of death, defects and illness than the infant born to a mother in her 20's, but the teenage mother herself has a 60% higher risk from complications of pregnancy, birth and delivery.

In addition to facing higher health risks both for themselves and their children, the social and economic problems of teen mothers are enormous. Pregnancy is the reason most often cited by female teenage dropouts for school discontinuation. Teen mothers face a greater risk of unemployment and welfare dependency and the younger a woman is when she gives birth, the more likely her family will be in poverty.

What can be done to correct the problem of teenage pregnancy? A recent Health Education and Welfare task force report states the need by teenagers for sex education. "Education concerning sex, family life and health is critical to helping adolescents, both male and female, make choices about their sexual activity and parenthood. This, along with providing teens with contraceptive services and information, is the key to reducing teenage pregnancy."

The key is prevention. For more information and referral on teenage family planning services and health education programs, contact your local health center.

District Health Center #1	- 3850 17th Street near Sanchez	558-3905
District Health Center #2	- 1301 Pierce Street at Ellis	558-3256
District Health Center #3	- 1525 Silver Avenue near San Bruno Avenue	468-3664
District Health Center #4	- 1490 Mason Street at Broadway	558-3158
District Health Center #5	- 1351 24th Avenue near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7th WEEK ENDING [illegible]

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	3	42	4	14	1
Chickenpox	10	88	9	48	11
Gonorrhea	224	2,463	2,317	2,127	1,585
Hepatitis, Viral	30	179	157	136	83
Measles	-	2	18	30	2
Meningococcal Inf.	2	3	-	3	0
Meningitis, Other	2	10	6	7	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	[illegible]	1	[illegible]	[illegible]
Pertussis	-	-	-	2	[illegible]
Rubella	-	1	1	[illegible]	[illegible]
Salmonellosis	5	[illegible]	16	[illegible]	[illegible]
Shigellosis	[illegible]	20	5[illegible]	[illegible]	[illegible]
Syphilis	20	197	[illegible]	[illegible]	[illegible]
Tuberculosis	1	5[illegible]	2[illegible]	[illegible]	[illegible]

Deaths for the week from communicable diseases:

Pneumonia	[illegible]
[illegible]	[illegible]

	1978	[illegible]
Deaths recorded for the week	[illegible]	[illegible]
Births recorded for the week	[illegible]	[illegible]

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

February 27, 1978

MAR 3 1978

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THE RUSSIAN FLU

Russian flu - we've heard a lot about it, but do we know where it stands? In an effort to try and clear up some of the doubts you may have, we offer the following current information with the hopes that it will help until more is known on a national level.

So-called "Russian flu" is caused by an influenza virus which is quite different from the Type A virus (A/Victoria/75) used in the vaccine prepared for the current season and from that which surfaced earlier in 1977 (A'Texas/77). The vaccine that is currently available probably affords little if any protection against "Russian flu", and any benefit it could provide would not develop until four to six weeks after immunization. As in previous years, the recommendation is to receive flu shots in the fall before flu season starts.

While influenza-like illness has been reported in San Francisco during the latter part of January and early February, primarily among our younger populations, at this writing it has not been established that any of the illnesses have been due to this new viral strain. Isolated cases of "Russian flu" have been identified elsewhere in California, but were apparently not connected with outbreaks involving large groups of people.

Thus far outbreaks of influenza resembling the "Russian" virus have been reported among military and student populations in Colorado and Wyoming. These have mainly involved people under 26 years of age who are living in close contact with one another. It is thought that persons born before 1950 may have some immunity to "Russian flu" as a result of exposure to a closely-related viral strain which was prevalent throughout the U.S. in that year. Thus, the elderly, who are generally thought to be at greatest risk from complications of influenza, may well be less susceptible to this virus.

Clinically, the observed cases have proven mild and have run a course like that of other cases of Type A influenza; there is no evidence that the disease is either more severe or more likely to produce complications than the A/Texas or A/Victoria types which have been identified as the causes of much of the influenza observed so far this season.

If you do get the flu, rest in bed, drink plenty of fluids and try to eat a light diet. Aspirin may help reduce discomfort,but usually the disease must run its course. If fever is high or persists, you should call your physician.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 8th WEEK ENDING FEBRUARY 24, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1972-76 Range High	Low
Amebiasis	1	43	4	30	2
Chickenpox	1	89	13	55	13
Gonorrhea	280	2,740	2,544	2,197	1,808
Hepatitis, Viral	21	200	172	215	89
Measles	-	2	18	87	2
Meningococcal Inf.	1	4	-	3	0
Meningitis, Other	-	10	6	9	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1977	1976	1972-76 Range High	Low
Mumps	-	7	1	71	6
Pertussis	-	-	-	2	0
Rubella	-	1	9	24	1
Salmonellosis	3	27	28	30	14
Shigellosis	4	43	57	89	17
Syphilis	42	239	321	292	199
Tuberculosis	9	68	31	54	40

Deaths for the week from communicable diseases:
Pneumonia 0

	1978	1977
Deaths recorded for the week:	151	161
Births recorded for the week:	373	185

3-6-78

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director March 6, 1978

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RECURRENT CORONARY PREVENTION PROGRAM

We all know by now that heart disease is one of the leading health problems that we as a nation face. In an effort to reduce the number of potential heart attack victims many education and physical fitness programs have been developed which seek to change people's lifestyles so that they might avoid such problems. But what about those who do suffer heart attacks? Statistics have shown that 45% of them will have another attack within five years of the first. To try to reduce this number, a new program called the Recurrent Coronary Prevention Program, funded by the National Heart, Lung and Blood Institute, is being conducted out of Mount Zion Hospital in San Francisco.

The purpose of the program is to give selected volunteers a chance to reduce their own risks of having another heart attack within the next five years from the previously cited 45% down to the level of about five or ten percent. A combination of medicine, exercise, and behaviorial techniques will enable the participants to do something positive toward maintaining their health.

Nine hundred volunteers are being sought at this time. The participants must fit the following characteristics: have suffered one or more heart attacks; are 63 years of age or younger; have never smoked, or have quit smoking; do not suffer from either diabetes or congestive heart failure; and have a good command of written and oral English. Post-coronary patients who have had bypass surgery are especially desirable for the program.

If you fit the above characteristics, or if you know of someone who does and who might be interested in volunteering, or if you just have a few questions you'd like to have answered, please contact: Dr. Meyer Friedman, the Project's Director, at Mount Zion Hospital, 1600 Divisadero Street, San Francisco; phone: (415) 922-8155. This is a unique opportunity for those who have suffered one or more heart attacks to take an active part in preventing another. Please note that the program involves no cost to the participants.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 9th WEEK ENDING MARCH 4, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	2	45	5	31	2
Chickenpox	2	91	26	62	14
Gonorrhea	263	3003	2840	2576	2039
Hepatitis, Viral	27	227	198	243	107
Measles	-	2	20	101	2
Meningococcal Inf.	-	4	-	3	-
Meningitis, Other	-	10	6	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	7	1	94	6
Pertussis	-	-	-	2	0
Rubella	-	1	14	28	1
Salmonellosis	1	28	35	31	14
Shigellosis	7	50	74	108	26
Syphilis	18	257	349	315	228
Tuberculosis	9	77	37	59	46

Deaths for the week from communicable diseases:
Pneumonia 2

	1978	1977
Deaths recorded for the week:	148	160
Births recorded for the week:	150	303

3/13/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

March 13, 1978

MAR 16 1978

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UP UP AND A-WEIGH

It seems reasonable that with all the attention we as Americans pay to diets and weight control we'd be well on the way to being a nation of correctly proportioned people. Not so, says a report from the National Center for Health Statistics. In fact, the Center reports that men and women in most age and height groups weigh more now than they did 15 years ago. Another startling finding is that more than half of the entire U.S. population is at least 10% over their ideal weight.

In the early 1960's the average American woman stood 5'3" tall and weighed 140 pounds. More recent data (1974) shows that she stands 5'4" tall and weighs 143 pounds. Likewise, the average American male has added 4% to his weight in the 14 years studied. To see how you fit in, check out the chart below:

Average weight in pounds of Americans 1971-74

5 ft.	123	128	137	140	143	140	5 ft. 5 in.	150	160	153	164	163	160
5 ft. 2 in.	129	138	144	147	150	147	5 ft. 8 in.	159	170	174	173	173	169
5 ft. 4 in.	135	142	152	154	157	154	5 ft. 10 in.	168	179	184	182	183	177
5 ft. 6 in.	141	150	159	161	164	161	6 ft.	178	189	194	191	193	186
5 ft. 8 in.	147	157	167	168	171	169	6 ft. 2 in.	188	199	205	200	203	194

Average weight increases in pounds among Americans between 1960-62 and 1971-74

WOMEN							MEN						
Height	18-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	55-74 yrs.	Height	18-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	55-74 yrs.
5 ft.	3	6	1	2	-2	0	5 ft. 5 in.	1	3	1	2	3	4
5 ft. 2 in.	4	8	3	2	0	0	5 ft. 8 in.	3	4	5	2	6	6
5 ft. 4 in.	6	4	7	2	1	0	5 ft. 10 in.	5	4	7	3	9	3
5 ft. 6 in.	7	4	9	2	2	0	6 ft.	9	5	10	4	11	10
5 ft. 8 in.	9	3	13	2	3	1	5 ft. 2 in.	11	7	13	5	14	11

The reasons for this trend are many, and can be as individual as each of us. Of course, some of the increases in weight are due to the general increases in height, but there are other factors which have been listed by some experts. Such American "institutions" as junk foods, hastily-eaten poorly balanced meals, and the tendency toward passive recreational activities (such as watching sports on TV rather than participating ourselves) have also bee mentioned.

It is important to be aware of these trends so that each of us can look at ourselves and see where our habits need improving. If you are already a person who takes responsibility for your health by eating properly and getting regular exercise, then keep it up! If not, now is the time to start -- you'll feel better for having done it! For more information and referrals on weight control and/or exercise programs, contact your physician or call your local Health Center (they are listed in the phone book).

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 10th WEEK ENDING MARCH 10, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	1	46	6	33	2
Chickenpox	-	91	31	72	15
Gonorrhea	339	3,342	3,233	2,840	2,286
Hepatitis, Viral	28	255	218	285	123
Measles	1	3	20	119	2
Meningococcal Inf.	-	4	-	3	0
Meningitis, Other	5	15	6	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	2	9	1	09	6
Pertussis	-	-	-	2	0
Rubella	-	1	18	32	1
Salmonellosis	3	31	36	32	16
Shigellosis	7	57	88	118	28
Syphilis	39	296	387	344	290
Tuberculosis	10	87	50	78	50

Deaths for the week from communicable diseases:

Pneumonia	2
Meningitis	1

	1978	1977
Deaths recorded for the week:	162	163
Births recorded for the week:	77	140

/s 3-20-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — March 20, 1978

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CAUTION: SMOKERS MAY BE HAZARDOUS TO YOUR HEALTH

Despite the fact that the Surgeon General's warning to the effect that smoking is hazardous to your health appears on every pack of cigarettes bought in the U.S., millions of people continue to smoke. If they choose to endanger their own lives by smoking they have the right to do so. But how about non-smokers? Are there really very many people who can truly say, "I don't smoke"? Every day non-smokers in lobbies, banks, bowling alleys, and BART stations are breathing air polluted by the smoke of others. It is a situation that non-smokers have no control over, and yet it does affect their health.

The smoke which is inhaled by non-smokers is called "sidestream" smoke -- it comes from the burning end of cigarettes, pipes, and cigars. Sidestream smoke has a higher concentration of many of the poisonous compounds found in tobacco smoke than that inhaled directly by smokers. The non-smoker who inhales sidestream smoke is exposed to twice as much tar and nicotine as the smoker, three times as much benzopyrene (the principle cancer-causing agent in tobacco smoke), five times as much carbon monoxide, and fifty times as much ammonia.

Thus, the non-smoker forced to breathe air polluted by the smoke of others is not only subject to eye and nose irritation, headaches, and greater stress on the heart and lungs, but may also develop many of the same kinds of conditions found in those who choose to smoke -- bronchitis, emphysema, and certain kinds of cancer, to name a few.

What is being done about the problem? The Clean Indoor Air Act of 1978, which will appear on the November, 1978 ballot (the proposition number is not yet known) is one attempt to solve it. The Act recognizes the right to smoke, as well as the right to breathe clean air; in cases where these two rights conflict, the non-smokers right to breathe clean air would outweigh the right to smoke. It also regulates smoking in public places, places of employment, and health and educational facilities throughout the state of California.

If you would like more information, or if you would like to get involved in supporting the Clean Indoor Air Act, call or write to:

California G.A.S.P. (Group Against Smoking Pollution)
PO Box 1061
Berkeley, California 94701
(415) 849-1749 or 586-3403

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 11th WEEK ENDING MARCH 17, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	3	49	7	35	2
Chickenpox	-	91	35	78	15
Gonorrhea	336	3,678	3,517	3,078	2,500
Hepatitis, Viral	10	265	238	313	134
Measles	-	3	21	147	2
Meningococcal Inf.	-	4	-	4	0
Meningitis, Other	3	18	6	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	9	2	101	7
Pertussis	-	-	-	2	0
Rubella	-	1	18	36	1
Salmonellosis	1	32	36	34	19
Shigellosis	7	64	88	126	31
Syphilis	34	330	423	382	275
Tuberculosis	22	109	56	84	52

Deaths for the week from communicable diseases:

Pneumonia 0

	1978	1977
Deaths recorded for the week:	149	150
Births recorded for the week:	442	154

/S 3/27/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director — March 27, 1978

APRIL 1978 - VD AWARENESS MONTH

We're Number 1, We're Number 1..." If you're at a football or basketball game that chant usu-
lly signifies that your team is the best, maybe even National Champions. San Francisco has
he dubious distinction of being the NATIONAL CHAMPION IN RATES OF INFECTIOUS SYPHILIS. Last
ear, while the rest of the country saw a decrease of 14.3%, syphilis in this city increased
.5%!

REPORTED CASES OF INFECTIOUS VENEREAL DISEASE - SAN FRANCISCO

MAR 29 1978
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	1955	1966	1976	1977
Syphilis	143	536	1,523	1,545
Gonorrhea	1,383	7,420	17,104	16,601

he decrease in gonorrhea of 2.9% is the first decrease registered in that disease in 5 years.
hether it reflects an actual decrease or a decline in cooperative case reporting has yet to be
etermined; nationally, gonorrhea rates were down 1.1%.

o bring attention to this problem, Mayor George Moscone has officially proclaimed April 1978
s VD AWARENESS MONTH in San Francisco. In his proclamation to the people of the city, Mayor
oscone urges, "all our citizens to take an interest in supporting programs for the prevention
nd cure of venereal disease."

D AWARENESS MONTH will begin with the 4TH ANNUAL VD FAIR at UNION SQUARE. This year's fair
ill be held on Tuesday, April 4, from 12 noon to 2 p.m. Some 20 health and sex-related agen-
ies and organizations will have information booths set up to answer questions and pass out
ree literature, posters, and condoms. A mobile "VD Van" will be on hand with trained staff
rom the San Francisco City Clinic providing free V.D. tests.

ighlighting the afternoon's activities are: an address by the Director of Public Health, Dr.
ervyn Silverman, performances by the rock group, "Barry Melton and the Fish," an ice sculpture
y Art Grant, and guest emcee Joe Bavaresco.

or more information on the fair or about Sexually Transmitted Diseases (STDs), call the V.D.
nformation Center's Hotline at: 495 - OGOD! or 495-6463

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12th WEEK ENDING MARCH 24, 1978

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Ameblasis	1	50	8	38	2
Chickenpox	15	106	37	87	21
Gonorrhea	314	3992	3888	3430	2738
Hepatitis, Viral	24	289	265	344	145
Measles	-	3	25	175	2
Meningococcal Inf.	-	4	1	4	0
Meningitis, Other	-	18	6	10	3

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Mumps	-	9	2	111	9
Pertussis	-	-	-	3	0
Rubella	-	1	20	38	2
Salmonellosis	-	32	40	35	20
Shigellosis	5	69	101	126	33
Syphilis	16	346	470	419	305
Tuberculosis	7	116	63	90	58

Deaths for the week from communicable diseases:
Pneumonia - 4

	1978	1977
Deaths recorded for the week:	157	165
Births recorded for the week:	413	0

/s 4-3-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rvyn F. Silverman, M.D., M.P.H., Director

APR 10 1978

April 3, 1978

PARAQUAT UPDATE

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e U.S. Department of Health, Education, and Welfare has issued an official warning against oking Mexican marijuana that may be contaminated by Paraquat. The San Francisco Public alth Department recognizes it's responsibility to inform the community regarding hazards their health, so we offer this information on the situation:

at is Paraquat? It is a powerful and poisonous weed killer which has been sprayed on mar-uana plantations in Mexico.

at happens to those who smoke marijuana which has been contaminated with Paraquat spray-gs? Complaints include such symptoms as burning sensations in the nose and throat, diffi-lty breathing, and possibly coughing up blood.

at are the chances of getting some of the contaminated marijuana? Chemists at a local re-arch lab warn that as much as one-fifth of the Mexican marijuana sold in the Bay Area may contaminated, based on tests done on samples already sent in. Since about 60% of the es-ated 2500 tons coming into the U.S. each year are from Mexico, chances are pretty good at if you smoke marijuana, it could well be contaminated.

can you tell if marijuana has been contaminated by Paraquat? There is no way of telling t by looking, tasting, or smoking--it must be analyzed in a lab. Locally, a lab in Palo o will do such tests for a $5 fee. The address is:

Pharm-Chem
1844 Bay Road
Palo Alto, California 94303
322-9941

d in a small quantity (about 1 tablespoon) of the sample wrapped in foil; if you can, in-de the following additional information: general area where sold, and any side effects iced. Place these in an envelope with the $5 fee and mark it with HAND CANCEL. If you h to remain anonymous, include a five digit number in the envelope as well. Testing will e about 10 days, and after this period you can call and get the results by giving the num- as a code.

the meantime, don't smoke anything from the rest of the sample. Obviously, anyone sell- Mexican marijuana will not tell you it's source, so smoking any untested marijuana may d to lung damage.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13th WEEK ENDING APRIL 1, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	-	51	8	40	2
Chickenpox	3	109	39	88	24
Gonorrhea	346	4338	4162	3847	3002
Hepatitis, Viral	28	317	280	371	158
Measles	-	3	25	192	2
Meningococcal Inf.	-	4	1	5	0
Meningitis, Other	-	18	8	11	4

CASES REPORTED:	For the Week	Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	9	3	112	[illegible]
Pertussis	-	-	-	3	0
Rubella	-	1	21	38	5
Salmonellosis	2	34	40	39	[illegible]
Shigellosis	7	76	105	132	33
Syphilis	46	392	503	[illegible]	331
Tuberculosis	6	122	63	98	[illegible]

Deaths for the week from communicable diseases:
Pneumonia 3

	1978	1977
Deaths recorded for the week:	133	[illegible]
Births recorded for the week:	213	[illegible]

2/s 4-10-78

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ervyn F. Silverman, M.D., M.P.H., Director

APR 14 1978

April 10, 1978

A DRUG BY ANY OTHER NAME....

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rescription drugs are a major part of the cost of getting sick in this country. Each year, n the average, five prescriptions are written for every man, woman, and child. Unfortuntely, the cost of these drugs falls most heavily on those who can afford it the least, famlies with small children and the elderly. How can consumers cut down on the cost of precription drugs? One way is to buy the drug under its generic name rather than the brand ame whenever possible.

generic name refers to the chemical composition of the drug, so it is usually longer and ore scientific sounding than the brand name. For example, Darvon is the brand name of a ommonly prescribed tranquilizer--its generic name is propoxylene hydrochloride (you don't eed to remember the generic names of any of the drugs you buy; just ask your pharmacist or octor for the generic equivalent of your prescription.)

out 25% of drugs are available under their generic names. In general, drugs are less exensive when bought this way, although there may be no difference in quality compared to the igher priced brand names.

ow can you get drugs under their generic names? One way is to ask your doctor to prescribe em this way the next time you need a prescription. Or, you could ask your pharmacist to the same thing if he/she is not already doing so. You would know if you had been given eneric substitutions in the past because California law requires the pharmacist to inform e consumer when generic drugs are used to fill prescriptions. Unless the doctor has written "do not substitute" on the order, a generic drug can be used to fill the prescription. e pharmacist has had five years of specialized training which equips him/her to make such ubstitutions and offer their customers lower prices without sacrificing quality in many ases.

emember, however, that not all drugs are available under their generic names. In other ases, the doctor or pharmacist may advise against buying the generic equivalent because of difference in quality or effectiveness. The best thing to do is ask your doctor or pharacist. Buying drugs generically is expected to save Californians $45 million annually--if you'd like to try and cut down the cost of your prescriptions, keep this in mind.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 8, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	4	54	9	40	2
Chickenpox	2	111	39	90	37
Gonorrhea	346	4684	4534	4201	3274
Hepatitis, Viral	16	333	303	413	171
Measles	1	4	25	215	2
Meningococcal Inf.	-	4	1	5	0
Meningitis, Other	3	21	8	12	4

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	2	11	5	116	9
Pertussis	1	1	-	3	0
Rubella	1	2	21	40	5
Salmonellosis	5	39	40	41	22
Shigellosis	6	82	112	140	37
Syphilis	22	414	551	521	365
Tuberculosis	4	126	71	102	72

Deaths for the week from communicable diseases:
Pneumonia 1

	1978	1977
Deaths recorded for the week:	142	167
Births recorded for the week:	197	306

4-17-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ervyn F. Silverman, M.D, M.P.H., Director

April 17, 1978

THE NUMBER ONE THREAT TO HEALTH IS NUMBER THIRTEEN

roposition 13, the controversial Jarvis-Gann initiative, will appear on the ballot this June. f this proposition passes, the effect on public health services for the residents of San Fran-isco could be drastic. Although it is difficult to predict the outcome at this time, here is brief outline of how things might look:

istrict Health Centers - At least four of the five district health centers now serving the eighborhoods would have to close their doors. Without the support of local tax dollars the reventive services they now offer would have to be eliminated. Some of these services are: ell baby clinics, health screenings of schoolchildren and adults, free immunizations, dental linics, and all health education programs, to name a few. If staffing permitted, one health enter might be able to remain open, but could probably only offer limited family planning and nvironmental inspection services. Public health nursing activities such as home visits and chool visits would end; only a minimal number of nurses would be kept on the staff, and would ost likely concentrate their services in the area of communicable disease control. The only aboratory services available would be limited TB and VD testing.

an Francisco General Hospital - This facility would be severely crippled should Prop. 13 pass. xcept for trauma patients, no one would be admitted to the hospital. The capacity for care ould go from the present 400 bed level down to about 100 beds, only enough to support these ew emergency admissions. Outpatient services in medicine, surgery, pediatrics, obstetrics, sychiatry, and any preventive screenings would be greatly reduced; satellite clinics would be educed as well. For the many people whose income or eligibility now makes them dependent on FGH it will be difficult to find help elsewhere; untreated cases might add to the problem of ommunicable disease control.

aguna Honda Hospital - This rehabilitation and long-term care institution could lose about alf of its financial support. As a result, new long-term care patients could no longer be ccepted. Those patients who rely on the hospital for such specialized care would have to be ransferred as quickly as possible to other facilities as openings occur, or even return to he care of their immediate families if possible. All of the other services now offered would ave to be reduced or eliminated in order to provide long-term care to those who were allowed o remain.

ty Clinic - Venereal disease control measures would continue, but services would have to be ut back to some degree. San Francisco is already the nation's leading city in VD rates, and his situation could possibly worsen.

(continued on the back)

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15 th WEEK ENDING APRIL 15, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	1	55	10	47	2
Chickenpox	10	121	40	96	57
Gonorrhea	235	4919	4762	4409	3505
Hepatitis, Viral	19	352	324	456	189
Measles	1	5	25	252	3
Meningococcal Inf.	-	4	1	5	0
Meningitis, Other	1	22	8	12	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	1	12	5	123	10
Pertussis	-	-	1	3	0
Rubella	-	2	21	40	5
Salmonellosis	2	41	40	43	23
Shigellosis	11	93	116	152	40
Syphilis	45	459	587	544	389
Tuberculosis	4	130	73	105	80

Deaths for the week from communicable diseases:

Pneumonia	1
Meningitis	1

	1978	1977
Deaths recorded for the week:	154	139
Births recorded for the week:	128	201

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continued from other side...

Especially with regard to these last three areas, it is important to keep in mind the synerg tic effect of reducing federal dollars from Medicare which have complemented state funds in past.

Mental Health - The impact of the passing of Prop. 13 on mental health programs is unclear this point, since the matching local tax dollars offset a much larger proportion of the st and federal funds; however, a 10% reduction would be the least to expect. In the long run, effects of reducing other public health services would undoubtedly have impact on mental hea programs, since physical and mental health are so closely related.

Combining the cuts outlined here with the simultaneous reductions in other city services, i isn't difficult to see how the passage of Prop. 13 could profoundly affect the health and we being of all the residents of this city. Clearly, most of the health services supported by ad valorem taxes (those which Prop. 13 would cut) would have to be sharply reduced or termi ted, and many facilities would have to close. The predictions for the effect on Public Hea are based on estimates from City Hall which indicate that whatever tax base remained would used to fund police, fire, and some services to the indigent.

The services provided by the Public Health Department are many, yet we may not realize the merous ways in which they touch all our lives. However, should these same services become available, we might soon feel their absence sorely. This is a matter which deserves your c ful attention and consideration before you go to the polls in June--think about the future you make your decision.

4-24-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

vyn F. Silverman, M.D., M.P.H., Director — April 24, 1978

BIOFEEDBACK

ess is a part of all our daily lives--some of it is good, as it provides us with motivation stimulation, but too much of it can become a negative influence on our physical and mental l-being. Unrelieved stresses play an important role in the onset and progress of a wide ge of disorders--headaches, ulcers, high blood pressure, and depression, to name a few. Re-tly, the use of a technique called biofeedback in a clinical setting has created the oppor-ity for new approaches in the treatment of many stress-related problems. Biofeedback, a-e or in combination with other therapeutic and meditative approaches, has been useful in e areas as an accompaniment to more traditional care.

basic principle of biofeedback is that which underlies other forms of learning: an indivi-l must be aware of the results of their actions in order to be able to modify or control se actions to achieve a particular desired goal. More specifically, biofeedback research shown that if people are made aware of processes within their bodies which are usually sidered "involuntary" or "unconscious" (i.e. blood flow, heart rate, blood pressure), they then learn to influence and alter these processes. By attaching electrodes to the indivi-ls body which monitor such functions as brain waves and heartbeat, the person can "see" their body is working. Then, theoretically, the individual can learn to control these mally involuntary processes by thought or behavior.

feedback experiments have shown some encouraging results in relieving such physical disor-s as headaches, chronic pain, high blood pressure, and ulcers. Likewise, problems such as ression, phobias, and anxiety states have been relieved partially through the use of bio-dback techniques. For example, at one research facility volunteers were able to raise the perature of their hands by increasing the flow of blood to them--just by imagining warmth. female volunteer also noticed that her migraine headaches disappeared simultaneously. The earchers explained this by saying that as she relaxed her involuntary nervous system to n her hands, she also decreased the blood flow to her head, where dilation causes migraines. far the major successes reported with biofeedback have been in controlling and relieving h headaches.

earchers point out that there is no magical shortcut to health contained in biofeedback; ra-r, like the learning of any other skill, it requires motivation, practice, and integration o the individual's lifestyle to be of benefit. It is also important to keep in mind that feedback as a health maintenance "tool" is still in the early stages of research, and it is er to be considered as a substitute for careful medical evaluation of health problems. Pro-ents believe it offers a unique opportunity for enhancing self-awareness, and for encourag-a new outlook on the interaction between body, mind, and environment in relation to health disease; hopefully, this new awareness will enable people to take a more active and respon-le role in maintaining their own health.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16th WEEK ENDING APRIL 22, 1978

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range: High	Low
Amebiasis	2	57	11	54	3
Chickenpox	3	124	65	97	57
Gonorrhea	423	5342	5025	4689	3756
Hepatitis, Viral	20	372	347	489	203
Measles	2	7	25	267	3
Meningococcal Inf.	0	4	1	5	0
Meningitis, Other	0	22	8	12	5

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range: High	Low
Mumps	0	12	5	128	10
Pertussis	0	0	1	4	0
Rubella	0	2	22	40	6
Salmonellosis	1	42	43	47	30
Shigellosis	4	97	124	161	42
Syphilis	28	487	612	569	415
Tuberculosis	11	143	79	110	84

Deaths for the week from communicable diseases:
Pneumonia 1
Meningitis 1

	1978	1977
Deaths recorded for the week:	170	166
Births recorded for the week	[illegible]	180

/S 5-1-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ervyn F. Silverman, M.D., M.P.H., Director — May 1, 1978

MAY: NATIONAL HIGH BLOOD PRESSURE MONTH

Avoiding a heart attack or stroke is a goal which motivates millions of Americans to exer-ise more, reduce their consumption of saturated fats, and give up smoking. Yet one factor hich causes cardiovascular disease is often overlooked--high blood pressure. The disease can e controlled in a simple manner, but many people who have high blood pressure are not treat-ng it as carefully as they should; others have the condition and don't even know it. This onth, efforts are being made to help people who know they have high blood pressure learn to ontrol it, and to bring the condition to the attention of those who have it and aren't aware f it.

Although high blood pressure is easily controllable, people have problems with it for a ariety of reasons. For instance, many people don't follow their doctor's orders carefully e-ough--they often confuse the control of the problem with curing it, and so stop taking their edication when they don't feel tense or dizzy. There is no cure for high blood pressure, but ften by following only simple treatments and guidelines a person can live a normal, healthy ife. Frequently, people either forget to take the medication, or they decide they don't need t since they don't feel any symptoms; this sort of sporadic treatment doesn't help control he problem at all. Another common problem in controlling high blood pressure results from he patients feeling that they can choose among the different methods of treatment themselves. n some cases, in order to control the condition, a doctor may prescribe exercise, smoking essation, or careful diet in addition to medication. Many patients will do one part of the reatment and not the others, and so complicate the process of controlling the disease.

Another area of emphasis this month revolves around the many people who are walking round with high blood pressure and don't know it; until the condition is brought to their at-ention they can't begin to control it properly. In most cases there are no telltale symptoms hich might encourage a person to have their blood pressure checked--if it isn't done regular-y it might go unnoticed for a long time, causing cardiovascular problems.

The only sure way to tell if you have high blood pressure is to have it checked. The San rancisco Public Health Department offers free blood pressure readings as well as education nd support at the five district health centers on a drop-in basis. These services are avail-ble to any resident of San Francisco, so drop in to one of the centers listed below:

istrict Health Center 1 - 3850 17th St. - 558-3905
istrict Health Center 2 - 1301 Pierce St. - 558-3256
istrict Health Center 3 - 1525 Silver Ave. - 468-3664
istrict Health Center 4 - 1490 Mason St. - 558-3158
istrict Health Center 5 - 1351 24th Ave. - 558-3246

In addition, mobile outreach units will give free blood pressure checks using an automatic .ood pressure computer. For information on the locations and dates these units will be availa-.e, call the Bureau of Health Promotion at 558-4343.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 17th WEEK ENDING APRIL 29, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	1	53	12	54	3
Chickenpox	13	137	73	104	62
Gonorrhea	371	5713	5393	5070	4047
Hepatitis, Viral	25	397	365	522	213
Measles	1	8	25	301	3
Meningococcal Inf.	0	4	2	5	0
Meningitis, Other	2	24	11	14	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	1	33	8	113	[illegible]
Pertussis	0	0	1	[illegible]	0
Rubella	0	2	23	[illegible]	[illegible]
Salmonellosis	2	44	46	50	30
Shigellosis	1	98	131	177	[illegible]
Syphilis	25	512	657	[illegible]	[illegible]
Tuberculosis	8	151	87	[illegible]	90

Deaths for the week from communicable diseases:
Pneumonia 1

Deaths recorded for the week: 1978 [illegible] 1977 [illegible]
Births recorded for the week:

2/s 5-8-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

arvyn F. Silverman, M.D., M.P.H., Director

May 6, 1978

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Victim/Witness Assistance Program

ave you ever been the victim of a violent crime or know of someone who has? A violent crime ay mean physical injury, emotional trauma, or financial hardship for the victim, and the ef- ects may last for a lifetime. For the witness to a violent crime the experience he or she ay have in court can be unfamiliar and frightening. Although they are essential to the riminal justice system, witnesses are often overlooked and treated without due consideration. ow, there is a program in San Francisco, funded by a federal grant, which provides support o both the victims and witnesses of violent crimes.

hrough the Victim/Witness Assistance Program, victims can recieve immediate support, assis- ance, and referral to help them recover from the effects of the experience. Any victim of a iolent crime or other seriously affected person is eligible for services from the program. ictims may come in themselves, or call for help, or may be referred by police, attorneys, ommunity agencies, family, or friends. Staff and volunteers help victims of violent crime pply for monetary compensation from the State Indemnification Fund. The application process an be confusing and time consuming, but with help from the staff, victims are able to reduce he amount of time they have to wait to recieve their payment.

itnesses subpoenaed into a San Francisco court room will recieve a letter from the program n advance of the subpoena. The letter contains information about the subpoena, an explana- ion of what to expect in court, and other helpful information. If and when a court appear- nce is neccessary, witnesses will be called on the phone by the attorney in charge. The rogram also helps to arrange for transportation, childcare, and release time from work for hose who have these difficulties.

t the courthouse, volunteer witness guides are there to answer questions and provide witnes- es with booklets containing complete information about the criminal justice system. The ictim/Witness Assistance Program depends on cooperation and support from the criminal jus- ice system, community agencies, and many dedicated volunteers. As a result of this combined ffort, victims and witnesses will no longer be the forgotten people of the criminal justice ystem.

f you would like more information on the program, or if you would be interested in doing ome volunteer work for this worthy cause, or if you'd like to refer someone who could be elped by their services, please call:

Victim/Witness Assistance Program
560 7th St.
San Francisco, Cal. 94103
553-1153

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19th WEEK ENDING May 6, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	4	62	13	55	3
Chickenpox	4	141	71	107	62
Gonorrhea	323	6046	5740	5456	4327
Hepatitis, Viral	20	417	382	552	230
Measles	0	8	26	342	4
Meningococcal Inf.	1	5	2	5	0
Meningitis, Other	0	24	11	15	6

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	13	6	[illegible]	[illegible]
Pertussis	0	0	1	[illegible]	[illegible]
Rubella	0	2	23	55	[illegible]
Salmonellosis	0	44	47	51	[illegible]
Shigellosis	6	104	144	[illegible]	[illegible]
Syphilis	24	536	723	[illegible]	[illegible]
Tuberculosis	[illegible]	160	89	[illegible]	[illegible]

Deaths recorded for the week from communicable diseases:

Pneumonia 2
Influenza 1

	1978	[illegible]
Deaths recorded for the week:	156	[illegible]
Births recorded for the week:	[illegible]	[illegible]

/S 5-15-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rwyn F. Silverman, M.D., M.P.H., Director May 15, 1978

MAY 1 1978

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RUN FOR YOUR LIFE

Jogging is becoming a new national pastime in this country. It has probably become so pop-ar because it can be done by people of all ages, either alone or in groups, it requires no ecial equipment (aside from a good pair of shoes), it can be done at any time of day as it ts into your schedule, and it is an excellent way to help improve your cardiovascular condi-on. Those who jog regularly say that it leaves them feeling mentally relaxed and with a feel-g of well-being afterwards.

If you are thinking about taking up jogging, there are some things you should think about rst. It is very important to honestly assess your physical condition before you start. Most ople can jog safely, but for some it could cause more harm than good. To be as sure as you ssibly can, talk to your doctor and see about taking a stress EKG, or at least have a general ysical. This is especially important for middle-aged and older people who are not used to gular exercise routines.

The next thing to consider is a good pair of jogging shoes. Be sure that they are large ough to accomodate the flexing action of the foot, especially in the toe area, but not so rge that your foot slides around and rubs on the inside. Break new shoes in by wearing them ound the house until they are more pliable.

When you are ready to start, set up a carefully controlled running program and try to stay th it. Begin by running short distances so you can gradually build up stamina and endurance. you begin to build yourself up physically, strive for a regular routine that gradually in-eases your distance and speed until you reach a level that is comfortable to you; do not over-tend yourself during this building-up phase. Once you have established a regular routine, you ould try to run at least 4 or 5 times per week to maintain your condition. If you have to p a couple of weeks, start again slowly. Don't try to test your body to see how much it can ke, but gradually build yourself back up to your previous level of proficiency.

In addition to jogging, you should carry out a regular program of stretching exercises, h before and after running. This will help to keep your muscles loose and prevent straining. o, get into the habit of taking your pulse regularly--you will notice a drop in your pulse e after awhile; this means that your cardiovascular system is improving its efficiency.

Finally, a few other tips--run on a soft surface if you can (most injuries associated with ging result from the stress and impact applied to the legs, about 2½ times the body weight), ter surfaces decrease this impact; if you run in the evening be sure to attach reflective e to some part of your clothing so you will be easily seen by drivers; and, most of all, oy the run!!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19th WEEK ENDING May 13, 1978

CASES REPORTED:	Cumulative Totals: For the Week	Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Amebiasis	1	63	14	65	3
Chickenpox	6	147	73	132	62
Gonorrhea	422	6468	6097	5754	4522
Hepatitis, Viral	19	436	400	590	244
Measles	0	8	26	356	5
Meningococcal Inf.	0	5	-	5	0
Meningitis, Other	0	24	12	15	6

CASES REPORTED:	Cumulative Totals: For the Week	Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Mumps	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Pertussis	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Rubella	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Salmonellosis	[illegible]	45	[illegible]	[illegible]	[illegible]
Shigellosis	[illegible]	106	153	[illegible]	[illegible]
Syphilis	35	371	[illegible]	[illegible]	[illegible]
Tuberculosis	6	166	96	[illegible]	[illegible]

Deaths recorded for the week from communicable diseases:

Pneumonia 0

	1978	19[illegible]
Deaths recorded for the week	[illegible]	[illegible]
Births recorded	[illegible]	[illegible]

5.22-78

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

MAY 22 1978
DOCUMENTS DEPT.
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rvyn F. Silverman, M.D., M.P.H., Director May 22, 1978

"TARGET: COLON-SCREEN" A TWO-DAY SCREENING PROGRAM

Colon cancer--the cancer nobody talks about--is one of the major health problems in this untry. On June 2 and 3 the San Francisco Public Health Department, the American Cancer Soety, and the staffs of three city hospitals will meet this problem head on with a two-day reening program entitled, "Target: Colon-screen."

Children's, St. Luke's, and San Francisco General Hospitals will be the sites for this ogram, which is designed to reach all San Franciscans over the age of 40. Participants ll receive a short orientation at the hospital, and then take home the test kit which dects hidden blood in the stool. They will do the tests themselves in the privacy of their n homes, and then mail the kits back to the public health laboratory for evaluation. Techcians will then notify the participants what their results were in a letter; in the case of sitive results they will be referred to a physician for follow-ups.

re are the grim facts:

100,000 Americans will get colon cancer this year
52,000 Americans will die from colon cancer this year
The disease is most commonly found in men and women over the age of 40
Blacks have significantly higher rates of colon cancer than Whites
The cause is still unknown, although diet may be an important factor

l here is the encouraging news:

A test has been designed to screen people so that the disease can be detected early
The Hemoccult test is simple, painless, and could save about 25,000 lives this year
In San Francisco this means that about 100 people could be cured of this disease

IS TEST WILL BE OFFERED FREE TO ALL SAN FRANCISCANS OVER THE AGE OF 40 AT THE FOLLOWING SPITALS on JUNE 2 from 4-8PM, and on JUNE 3 from 10-4PM:

ildren's Hospital	St. Luke's Hospital	San Francisco General Hospital
00 California St.	3555 Army St.	1001 Potrero Ave.
nguages:	languages:	languages:
glish and Chinese	English and Spanish	English, Spanish, and Tagalog

r further information, call the American Cancer Society at: 673-7979. We encourage all aits over the age of 40 to take advantage of this screening--remember, it is free, it is simle and painless, and it could save your life.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING MAY 20, 1978

SES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
chiasis	9	63	17	66	3
ickenpox	2	149	74	138	65
norrhea	258	6726	6443	6089	4748
patitis, Viral	30	466	415	604	250
asles	0	8	28	404	5
ningococcal Inf.	0	5	3	5	0
ningitis, Other	1	25	16	15	6

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	15	6	147	15
Pertussis	0	0	1	4	0
Rubella	0	2	25	60	[illegible]
Salmonellosis	1	46	50	57	[illegible]
Shigellosis	8	114	163	[illegible]	[illegible]
Syphilis	21	522	788	726	525
Tuberculosis	2	168	98	134	111

aths recorded for the week from communicable diseases:

Pneumonia	3
Meningitis	1

	1978	1977
Deaths recorded for the week:	152	172
Births recorded for the week:	149	170

4/5 5-29-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

May 29, 1978

JUN 6 1978

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HAY FEVER

Each spring, hundreds of San Franciscans are beset by allergic symptoms of weepy eyes, stuffed or runny noses, sneezing, wheezing and the general discomfort which marks the onset of their annual bout with hay fever. In many cases, the symptoms are mild enough to be mistaken for a spring cold. Others suffer intensely, with considerable loss of time from work or school.

Whether mild or severe,the symptoms should not be regarded lightly as they may be associated with other diseases. This allergic reaction, which is rarely caused by hay and hardly ever associated with fever, is due to the inhalation of airborne pollen from trees, grasses, molds or weeds by those who have a sensitivity to such substances. Elsewhere in the country, ragweed is the usual source of the offending particles. In the Bay Area, most cases of spring hay fever are caused by tree pollen, particularly that of the common oak tree.

Mild seasonal attacks of hay fever can usually be treated effectively with simple medications prescribed by a physician. More severe or persistent cases may require skin tests and desensitization against the offending substance. If asthma or other complications occur, other methods of treatment may be required. The physician can determine which treatment is best for each individual case.

There are also a number of personal measures one can take to avoid or ease the distressing symptoms. Try to keep doors and windows closed as much as possible during the susceptible period. Central air conditioning with filtration, although expensive, can provide gratifying relief. If this is not practical, a window unit in the bedroom can help towards a good night's sleep. Obviously, a sensitive person should not take walks through fields or woods, and he should plan his vacation for the period during which he is usually afflicted. A trip of only a hundred miles away to a place free from the offending pollen can allow one to breathe freely.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21st WEEK ENDING May 27, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	3	66	19	69	3
Chickenpox	4	153	76	144	66
Gonorrhea	390	7116	6732	6436	4984
Hepatitis, Viral	25	491	444	672	261
Measles	-	8	33	424	5
Meningococcal Inf.	-	5	3	5	0
Meningitis, Other	1	25	16	15	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	1	14	7	150	17
Pertussis	1	1	1	4	0
Rubella	1	3	25	64	6
Salmonellosis	9	55	51	61	33
Shigellosis	2	116	168	250	70
Syphilis	39	631	818	743	538
Tuberculosis	5	173	101	136	115

Deaths recorded for the week from communicable diseases:

Pneumonia 0

	1978	1977
Deaths recorded for the week:	171	176
Births recorded for the week:	77	102

6-2-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ervyn F. Silverman, M.D., M.P.H., Director

June 2, 1978

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NEW CANCER SCREENINGS OFFERED

Representing only 4% of all reported cancers, oral cancer may attract only mild attention, ıt over 8000 Americans are stricken each year. The highest concentration of them is found in ıe San Francisco Bay Area. Once mainly affecting males, today it is divided almost equally etween males and females of all races with the exception of the Chinese, who have nearly 30 imes more cancer of the posterior nasal passage. The common type of oral cancer is most often ound in those over the age of 50 who smoke or drink heavily; one pack of cigarettes a day, or oz. of alcohol daily increase the risk six-fold. Use of cigars, pipes, snuff, and chewing obacco also contributes to increasing the risk. Contrary to popular belief, ill-fitting dentures are not related to oral cancer.

Yearly examination is important. Seek advice from a dental hygienist, dentist, or physi-an if any of the following conditions persist for more than 14 days:

1. red or white patch in the mouth
2. sore in the mouth or on the face that will not heal
3. discolored area in the mouth, or mole on the face that changes or grows
4. lump or swelling in the mouth or neck
5. persistant nasal bleeding, running, or stuffiness in the absence of a cold or allergy
6. chronic hoarseness or voice change
7. difficulty in swallowing
8. sudden hearing loss on one side
9. numbness of the lower lip

Free screenings for cancer of the head and neck are available to any San Francisco resi-nt 50 years of age or older at two of the Health Department's District Health Centers. The creening will include examinations of the facial skin, neck , mouth, vocal cords, and the roat. Referrals will be made for suspicious lesions. The screenings are offered at these o locations:

istrict Health Center 2 - 1301 Pierce St. near Ellis - call 558-3256
screenings are offered every other Friday, by appointment

istrict Health Center 5 - 1351 24th St., between Irving and Judah Sts. - call 558-3246
screenings offered every other Wednesday, by appointment

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22nd WEEK ENDING June 3, 1978

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
mebiasis	1	67	19	69	3
hickenpox	0	153	76	149	66
onorrhea	232	7348	7048	6782	5241
epatitis, Viral	14	505	474	709	270
easles	0	8	35	433	5
eningococcal Inf.	0	5	3	5	0
eningitis, Other	0	26	18	15	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	14	7	156	17
Pertussis	0	1	1	4	0
Rubella	0	3	25	65	6
Salmonellosis	0	55	52	61	34
Shigellosis	0	116	173	265	72
Syphilis	13	644	846	785	576
Tuberculosis	9	182	104	139	119

eaths recorded for the week from communicable diseases:

Pneumonia 3

	1978	1977
Deaths recorded for the week:	181	170
Births recorded for the week:	411	174

S 6-12-78

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

JUN 14 1978

ervyn F. Silverman, M.D., M.P.H., Director June 12, 1978

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TENNIS ELBOW

So-called "tennis elbow" usually starts out with a microscopic tear in a tendon, the fibous cord that connects a muscle to a bone, as a result of repeated stress to the arm muscles. he damaged tissue can become inflamed and the elbow area tender and painful. Frequently, the ain is felt along the upper side of the forearm rather than the elbow joint itself.

The name tennis elbow comes from the fact that so many tennis players develop the condiion, but anyone who repeatedly stresses their arm muscles can get it. Tennis players seem to e especially vulnerable because of the backhand stroke; if done incorrectly it is twice as ikely to cause trouble as the forehand shot. Tennis elbow is most commonly found in players etween the ages of 35 and 50 of intermediate-to-advanced ability who play at least three imes a week.

There are some things you can do to help prevent this condition. Make sure your racquet s the proper weight and grip size for your arm--you can get advice from a sporting goods tore or tennis club. Tennis balls should be in good condition--using wet or old, hard ones an aggravate tennis elbow, as can the "presureless" variety of tennis balls. Prepare your rm beforehand for the physical stress of the game. Try this exercise to increase flexibility nd strength of the muscles on the upper side of your forearm: grasp both ends of a towel and se it as if you were going to dry your back; pull it all the way down one side and then all ne way down the other. When you start to play, have a reasonable warm-up period first so our muscles can loosen up and blood circulation can increase. If you use a two-handed backand you can lessen the strain on the area, but if this form isn't comfortable to you, at east make sure you do the one-handed version correctly. The proper form is with the elbow ointed to the ground rather than towards the net. In this way, the shoulder and shift in ody weight will provide the power, while the forearm provides spin and direction. When the lbow is not in the proper position the impact is greatest on the upper side of the forearm, nich is relatively weak and vulnerable.

If you do develop symptoms, you might try some muscle-building exercises, such as lifting eights, to strengthen your arm. Also, lengthen the warm-up periods before you play. To reuce swelling afterwards, apply an ice pack to the area for about half an hour. In most cases ne condition will run its course eventually, but if pain persists, you may want to see your octor for advice.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23rd WEEK ENDING JUNE 10, 1978

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
mebiasis	-	67	19	72	3
hickenpox	6	159	86	151	67
onorrhea	309	7657	7324	7139	5375
epatitis, Viral	22	527	488	736	274
easles	-	8	36	438	6
eningococcal Inf.	-	5	3	5	0
eningitis, Other	-	26	18	18	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	14	7	163	17
Pertussis	-	1	1	4	0
Rubella	-	3	26	65	6
Salmonellosis	1	56	53	63	35
Shigellosis	6	122	178	274	78
Syphilis	19	663	875	844	608
Tuberculosis	2	184	108	146	124

eaths recorded for the week from communicable diseases:

Pneumonia	2
Meningitis	2

	1978	1977
Deaths recorded for the week:	166	174
Births recorded for the week:	153	212

/S 6-19-78 c2

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

yn F. Silverman, M.D., M.P.H., Director June 19, 1978

COPING WITH THE PASSAGE OF PROP. 13

The passage of Prop. 13, the Jarvis-Gann initiative, will have far-reaching effects on the ves of San Franciscans, particularly those who lose their jobs as a result. The Public Health partment's Employee Referral Program, under Community Mental Health Services, is taking steps help.

The Employee Referral Program will administer and coordinate a support program from one ntral location; seven satellite sites will provide the services outlined below directly those in need. The seven sites are:

San Francisco General Hospital - 1001 Potrero Ave., room 7G11
Laguna Honda Hospital - 375 Laguna Honda Blvd., ward A-200
District Health Center 1 - 3850 17th St.
District Health Center 2 - 1301 Pierce St.
District Health Center 3 - 1525 Silver Ave.
District Health Center 4 - 1490 Mason St. (Harbor Emergency, 1st floor)
District Health Center 5 - 1351 24th Ave.

JUN 30 1978
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e program is in operation now. The neighborhood outreach centers are scheduled to open on ne 26 and will continue to operate as long as necessary.

Help will be available to anyone who has been affected by the passage of the proposition-- is includes workers who are laid off their jobs, their families, and others who find them- lves in need of services because of programs that have been discontinued. The seven satellite tes will provide services in four areas:

1) vocational counseling - writing and rewriting resumes, how to handle career changes, b search workshops, and practical ideas on getting a new job. Efforts in this area will be ordinated with the State Employment Development Department so that unemployment insurance aims can be processed on the spot.

2) general counseling - help in dealing with stress, family crises, emotional and inter- rsonal problems, to name a few.

3) credit counseling - dealing with creditors, prioritizing bills, obtaining credit exten- ons, and advice on other credit concerns.

4) general information and referral - connecting people with resources to help them deal th problems associated with job loss and loss of services; for example, starting or joining ighborhood self-help groups, and starting or joining cooperatives, such as those relating to od, credit, and childcare. The Department of Social Services will also be on hand to process od stamp applications.

The job market in the Bay Area has always been somewhat tight, and as the lay-off process gins it is bound to get even tighter. Looking for a new job is not disturbing to some, while r others, particularly long-term employees, it can be traumatic. In developing these suppor- ve services, the Employee Referral Program hopes to help people avoid as many problems as ssible, and cope with those that do arise. The seven support centers will be staffed by vo- tional counselors and other personnel within San Francisco Community Mental Health Services o are trained to work with people undergoing stress. As indicated above, staff of the State ployment Development Department and the Department of Social Services will also assist.

Two phone lines have been set aside for the purpose of keeping people up-to-date on what rvices are available and to answer other questions; call either one of the numbers listed be- w and they will give you the most current information they have available, given the rapidly anging situation.

formation and Referral.....24 hrs, 7 days a week.....565-5100
ployee Referral Program (administration and coordination).....8:30-5, MWF.....558-2236

atistics on reverse side)

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24th WEEK ENDING June 17, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	0	67	21	77	3
Chickenpox	1	160	90	151	68
Gonorrhea	379	8038	7654	7434	5626
Hepatitis, Viral	9	536	508	771	295
Measles	0	8	37	445	6
Meningococcal Inf.	0	5	3	5	0
Meningitis, Other	1	27	19	19	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	14	7	172	17
Pertussis	0	1	1	4	0
Rubella	0	3	26	66	6
Salmonellosis	0	56	56	69	37
Shigellosis	2	124	183	282	80
Syphilis	29	692	903	880	621
Tuberculosis	2	186	120	158	130

Deaths recorded for the week from communicable diseases:
Pneumonia 2

	1978	1977
Deaths recorded for the week:	139	137
Births recorded for the week:	389	293

/s 6/26/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rvyn F. Silverman, M.D., M.P.H., Director — June 26, 1978

THE SENIOR CITIZEN PHARMACY EDUCATION PROGRAM

innovative new program for drug education is now underway under the direction of the China-wn/North Beach Health Committee, in cooperation with the Department of Public Health and 12 armacies in the Northeast district of the City. Funded by the Zellerbach and Van LobenSels undations, the Senior Citizen Pharmacy Education Program seeks to educate members of the el-rly population in the safe and rational use of drugs. Using and purchasing medications and king decisions on over-the-counter drugs can be difficult for the senior consumer, who ac-unts for 25% of the nation's total expenses for drugs. Hopefully, the efforts of these in-lved in this program will reduce some of the problems with misuse of both over-the-counter d prescription drugs on the part of the elderly.

ere is a high incidence of self-medication with over-the-counter and prescription drugs, of-n with serious consequences to the health of the individuals who misuse their drugs. Like-se, hoarding and reusing old, discontinued medications and sharing of medications among el-rly friends are common practices which can have serious results. This whole situation is rther complicated by the fact that for many people language is an obstacle to the safe use medications. If the instructions on the drug bottles are not in a language the consumer derstands well, it is easy to see how they could be misused.

e twelve pharmacies involved in the program want to help their customers understand and use eir medications more wisely, and so will offer some solutions to the problems outlined above. me of the pharmacies will be offering multilingual consultations with the pharmacist, multi-ngual product signs, and drug information sheets. Patient medication profiles will also be pt so that each customer's current medications are recorded and kept track of. Some of the armacies will have additional educational materials and displays available.

r more information about the program, call 558-2561 or 558-2309. The pharmacies involved are:

exander Hamilton Pharmacy - 596 O'Garrell
ade Pharmacy - 1094 Bush St.
hay Pharmacy - 1319 Mason St.
lna Pharmacy - 1035 Grant Ave.
vic Center Pharmacy - 1198 Market St.
1 Civic Ctr. Pharmacy - 500 Larkin St.
Olympic Pharmacy - 693 Post St.
MD Prescription Pharmacy - 2001 Van Ness
Rossi Pharmacy - 1600 Stockton St.
St. Francis Memorial Pharmacy - 901 Hyde St.
Sir Francis Drake Pharmacy - Powell & Sutter Sts.
S. of Market Health Center - 551 Minna St.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25th WEEK ENDING June 24, 1978

ES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
hinsis	5	72	23	78	3
ckenpox	-	160	101	159	68
orrhea	381	8417	7957	7795	5897
atitis, Viral	-	536	531	790	308
les	-	8	38	447	7
ingococcal Inf.	-	5	3	5	0
ngitis, Other	3	30	19	19	8

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	14	7	172	17
Pertussis	-	1	1	4	0
Rubella	3	9	26	66	6
Salmonellosis	4	60	56	74	44
Shigellosis	10	134	191	293	93
Syphilis	29	721	934	916	640
Tuberculosis	8	194	121	166	137

hs recorded for the week from communicable diseases:

Pneumonia 0

	1978	1977
Deaths recorded for the week:	165	163
Births recorded for the week:	212	193

/3 7-3-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

JUL 6 1978

lervyn F. Silverman, M.D., M.P.H., Director July 3, 1978

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GOING ABROAD?

'aking a trip abroad can be exciting and enjoyable, but it can also be miserable if you become ll while traveling. Many health problems can be avoided if you follow a few simple guide-ines outlined below:

'accinations should be given well in advance of your trip. Smallpox, cholera, typhus, and ellow fever shots may be necessary, depending on what countries you plan to visit.* These hots are generally not required for travel directly to Europe, Canada, Mexico, or the Carib-ean. However, if one of these countries expereinces an outbreak, you may be required to show roof of vaccination before entering. You can call the Public Health Department at 558-4046 or current recommendations on these and any other countries you plan to visit. You should lso make sure your polio and tetanus-diphtheria (DT) boosters are still effective. Ask your octor for a prescription for anti-malaria pills if there is a risk of this disease in a coun-ry on your itinerary.

f you are taking medication regularly be sure to carry an adequate supply with you, along ith a note from your doctor stating the need for the prescription and any other important in-ormation about your health. It is important to have prescriptions filled before you go since ome drugs have different trade names in other countries.

f you suffer from a chronic illness, such as diabetes, or if you have a serious allergy to omething, it is advisable to carry an identification card or tag in case of emergencies. In-ormation about your blood type, doctor's name and number, and medical history could also be ncluded. A list of English-speaking physicians in other countries is available from the In-ernational Association for Medical Assistance to Travelers, 350 5th Ave., New York, N.Y. 0001; the same information is usually available from travel agencies, the local consulate epresenting the country you plan to visit, or the American consulates abroad.

f you wear glasses or contact lenses, take an extra pair along if possible. If you can't, at east take a copy of your prescription in case they are lost or broken.

The Public Health Department does not give vaccinations for any of these diseases; contact our own physician or the San Francisco Medical Society (567-6230) for referral.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26th WEEK ENDING July 1, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	1	73	26	79	3
Chickenpox	0	160	109	162	78
Gonorrhea	342	8759	8260	8166	6130
Hepatitis, Viral	42	578	550	822	320
Measles	1	9	38	451	7
Meningococcal Inf.	0	5	3	5	0
Meningitis, Other	0	30	19	21	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	14	7	187	17
Pertussis	0	1	1	4	0
Rubella	1	7	26	73	8
Salmonellosis	3	65	58	75	47
Shigellosis	0	174	196	311	25
Syphilis	32	753	961	957	377
Tuberculosis	8	202	128	168	1[illegible]

Deaths recorded for the week from communicable diseases:
Pneumonia 3

	1978	1977
Deaths recorded for the week:	161	1[illegible]
Births recorded for the week:	136	526

/S 7-10-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

:vyn F. Silverman, M.D., M.P.H., Director

~~July 10, 1978~~

JUL 13 1978
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THIS SUMMER WHY NOT TRY A DIFFERENT KIND OF POOL?

Every day 68 million Americans go to and from work in automobiles--and 48 million of these ple are doing their commuting alone. Commuting is the largest single category of automobile , and as such it is a good target for efforts in reducing wastage of natural resources, air lution, and noise pollution. In the Bay Area, we are fortunate to have a variety of alter- ives available to commuting alone--buses, BART, and carpooling.

Taking advantage of these alternatives is beneficial in a variety of ways; for instance, is less wasteful of precious natural resources, such as oil and gasoline. With regard to lth, all of the previously mentioned alternatives contribute less to hazardous levels of air noise pollution (motor vehicles emit lead, hydrocarbons, carbon monoxide, and nitrogen ox-), not to mention possibly lowering the stress levels of those who choose to sit back and ax as passengers rather than doing the driving themselves. It is also cheaper in many s--sharing the cost of gas, and no tolls to pay. Consider these figures of typical costs mile:

for standard cars.....16¢ per mile
for compact cars.....13¢ per mile
for subcompact cars.....11¢ per mile

n three or more people share these basic costs they all save!

Most Bay Area residents know about the bus system and BART, but may be unaware of the a- lability of the other alternative - carpooling. There is a free carpooling program covering San Francisco Bay Area which is run by the California Department of Transportation, other- e known as CalTrans. The program uses a computer bank of people with similar commute pat- ns to organize car pools. All you have to do to become involved is call the phone number ow and they will take all the necessary information over the phone. The program also pub- hes a booklet of guidelines for successful car pools which is available free of charge. Try ooling if you're tired of the wear and tear on your nerves and the environment--it's also a l way to get to know people! For more information and to become part of the program call:

CalTrans.....861-POOL

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27th WEEK ENDING 7/8, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Amebiasis	4	77	28	79	3
Chickenpox	0	160	110	162	78
Gonorrhea	352	9111	8587	8536	6408
Hepatitis, Viral	10	588	567	837	327
Measles	0	9	38	454	7
Meningococcal Inf.	0	5	3	5	0
Meningitis, Other	1	31	19	25	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	14	7	187	17
Pertussis	0	1	1	5	0
Rubella	0	7	26	78	8
Salmonellosis	6	69	60	75	47
Shigellosis	7	141	198	319	91
Syphilis	34	787	985	974	693
Tuberculosis	6	208	136	175	150

Deaths recorded for the week from communicable diseases:
Pneumonia 2

	1978	1977
Deaths recorded for the week:	144	115
Births recorded for the week:	190	206

101 GROVE STREET • SAN FRANCISCO, CALIFORNIA 94102

S 7-17-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rvyn F. Silverman, MD, MPH, Director

JUL 21 1978

July 17, 1978

Here Comes the Sun!

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nburn: results from too much exposure to the ultraviolet rays of the sun; these rays can rn you not only on bright, hot days, but also on cloudy days since they can penetrate rough the cloud layer. The best protection from these rays comes from the pigment within r own skin, but it needs to develop gradually. That is why it is advisable to start out h brief exposures to the sun, about 10 minutes or so, and gradually increase it by a few utes each day. Ultraviolet rays are most potent between the hours of 10 am and 2 pm h day--this is the time to be most cautious. Sunscreens containing the ingredient PABA ra amino benzoic acid) can help prevent sunburn if you do stay out too long. Remember reapply the lotion about every two hours, since perspiration can remove it; also reapply after going into the water. If you do get a sunburn, try applying cold compresses to ieve the pain. If the skin blisters, you should see a doctor to prevent infection and ieve pain. After a severe sunburn, you may be more sensitive to sunlight for many ths. Taking certain medications also makes people more sun-sensitive. Chronic sunburn cause the skin to age and wrinkle prematurely, and for some persons it increases the elihood of developing skin cancer.

stroke: is also caused by overexposure to hot sun. As a result of a loss of water and t from the body, the person usually loses consciousness and runs a high fever. He or needs medical attention immediately, so call your doctor right away. In the meantime, to reduce the person's body temperature by putting them into a tub of cold water, or wrapping them in cold, wet sheets.

t exhaustion: is especially prevalent during weather that is both hot and humid when individual perspires profusely. The skin will feel cold and clammy, breathing will be llow, and the person may vomit and have muscle cramps. Move the person to a cool ce, loosen their clothes, and apply cool, wet compresses to their forehead. If pos- ile, give the person a salt tablet and then hot tea or coffee. Heat exhaustion is not threatening to survival as sunstroke, but in both cases fast action is neccessary to uce the body temperature and, if possible, help the person regain the lost salt and lids.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28th WEEK ENDING JULY 15, 1978

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
ebiasis	2	79	28	79	4
ickenpox	1	161	113	163	79
norrhea	309	9420	8795	8755	6643
patitis, Viral	10	598	592	856	341
asles	0	9	39	457	7
eningococcal Inf.	0	5	3	5	0
eningitis, Other	0	31	19	25	12

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1978	Year to Date 1977	1972-76 Range High	1972-76 Range Low
Mumps	0	14	7	192	18
Pertussis	0	1	1	5	0
Rubella	0	7	26	78	8
Salmonellosis	6	75	64	79	47
Shigellosis	7	148	203	334	94
Syphilis	15	802	1003	1024	728
Tuberculosis	6	214	140	176	153

eaths recorded for the week from communicable diseases:

Pneumonia 2

	1978	1977
Deaths recorded for the week:	173	159
Births recorded for the week:	249	127

4s 7/24/78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rvyn F. Silverman, MD, MPH, Director

July 24, 1978

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Immunizations--How Are We Doing

The Department of Health, Education, and Welfare (HEW) says that some progress is being de in its campaign to immunize millions of American children against seven preventable di-ases--polio, measles, mumps, diphtheria, whooping cough, tetanus, and rubella.

For example, last year 4.5 million children were immunized against measles in publicly nded programs - 1.6 million more than were immunized the previous year. Other immuniza-ons also went up last year as follows (figures reflect publicly funded programs only):

- mumps immunizations went up 34.8%
  (from 1.2 million in '76 to 1.6 million in '77)
- rubella immunizations increased by 18.9%
  (from 2.5 million in '76 to 3 million in '77)
- diphtheria, whooping cough, and tetanus immunizations rose by 12.1%
  (from 8 to 9 million)
- oral polio immunizations rose by 6.3%
  (from 7.8 million in '76 to 8.3 million in '77)

HEW reports that as a result of this increase in immunizations, the incidence of such seases is showing dramatic declines. For example, during the first 12 weeks of 1978, com-e to the same period in 1977, measles cases dropped by 65%, from 16,701 to 6,064 (close the lowest incidence on record.)

A survey of entering kindergartners in the fall of 1977 in San Francisco showed the lowing:

- immunized against diphtheria, whooping cough, tetanus, and polio: 91%
- immunized against measles: 89%

In spite of the progress being made to reach its stated goals (by the fall of '79 to unize 90% of all children against the seven diseases, and to establish a permanent tem that will assure that the 3 million babies born each year receive proper immuniza-ns.) HEW is still concerned about the gap between immunization levels in affluent com-ities versus low-income areas, and the problem of immunizing pre-schoolers. (School aged ldren as a group are much better protected, thanks to the efforts of many schools in fol-ing entry immunization laws.)

While the media has given good coverage to efforts to make the public more aware of the d for immunizing children against preventable diseases, many parents don't realize the eases still remain a potentially serious threat. HEW says, "Since the risks are real, since effective vaccines are available at little or no cost, there is no excuse for al-ing a single child in this country to remain unprotected against these diseases."

(continued on other side)

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29th WEEK ENDING July 22, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
ebiasis	1	80	29	83	4
ickenpox	0	161	113	164	79
norrhea	346	9766	9090	9181	6920
patitis, Viral	13	611	624	872	347
asles	0	9	40	458	7
ningococcal Inf.	0	5	3	6	1
ningitis, Other	0	31	21	25	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	14	7	193	18
Pertussis	0	1	1	5	0
Rubella	0	7	26	79	8
Salmonellosis	0	75	69	84	5[illegible]
Shigellosis	63	211	214	345	99
Syphilis	32	834	1028	1049	748
Tuberculosis	5	219	150	183	159

aths recorded for the week from communicable diseases:

Pneumonia 3

	1978	1977
Deaths recorded for the week:	151	150
Births recorded for the week:	181	324

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Children and adults needing immunizations against the seven preventable diseases will be able to receive them at evening clinics sponsored by the United States Public Health Service Hospital. These clinics are free to the public and there is supervised parking available.

Dates and times of the clinics are as follows:

July 24, 25, 26, 27, 1978	6pm to 8pm
Aug. 28, 29, 30, 31, 1978	6pm to 8pm

The U.S.P.H.S. Hospital is located at 15th Avenue and Lake Street. The immunizations will be given in Room 2023.

S 7-31-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

July 31, 1978

AUG 4 1978

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Microwave Ovens

How does a microwave oven work? The microwaves are a form of electromagnetic energy which lies somewhere between radio waves and infrared waves in energy levels. Microwaves are a nonionizing form of radiation, which simply means that they won't make food or other materials radioactive. As microwave energy is absorbed, it causes a rise in temperature. In foods, the rise is rapid and it cooks quickly. Materials made of metal, such as oven walls, grids and screens reflect most microwave energy, while glass and many nonmetallic wrapping materials allow microwaves to pass through.

If you follow manufacturer's instructions, there appears to be little risk in using commercially available microwave ovens, which are tested during production by the FDA to be sure they comply with safety regulations that went into effect in October, 1971. The only possible risk could be to some people with heart pacemakers, since electrical equipment can cause interference sometimes.

If you have an oven manufactured before October, 1971, always remember to switch it off before opening the door, and stand at least an arms length away from the front of the oven while it's on (microwaves rapidly lose their intensity as they travel away from their source, so even this short distance provides protection.)

It is impossible to tell if an oven is emitting radiation unless it is properly tested. Some of the microwave oven dealers and commercial service organizations will test older ovens, or you can call the Department of Public Health's Environmental section at 558-4846 for an inspection. The environmental health inspectors have already made 3 complete surveys of all the commercially used microwave ovens in San Francisco and round all 3000 of them to be in compliance with current regulations.

All users of microwave ovens should keep in mind the following safety tips, regardless of the age of oven:

- follow manufacturer's instructions for operating procedures and safety precaution
- examine new ovens for evidence of shipping damage
- never operate the oven if the door won't close firmly or is somehow damaged
- never insert objects through the door grill or around the door seal
- never tamper with or inactivate the oven's safety interlocks
- clean frequently with water and mild dertergent-don't use scouring pads, steel wool, or other abrasives
- never attempt to dry items in the oven
- have a qualified serviceman check the oven regularly

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30th WEEK ENDING 7/29, 1978

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
mebiasis	1	81	29	83	6
hickenpox	0	161	114	164	79
onorrhea	381	10,147	9,530	9,436	7,191
epatitis, Viral	9	620	643	888	354
easles	0	9	40	459	7
eningococcal Inf.	0	5	3	6	1
eningitis, Other	1	32	22	26	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	14	10	194	18
Pertussis	0	1	1	5	1
Rubella	0	7	27	79	8
Salmonellosis	6	81	73	85	54
Shigellosis	5	216	217	359	101
Syphilis	27	861	1,069	1,099	765
Tuberculosis	5	224	155	199	165

eaths recorded for the week from communicable diseases:
neumonia-1

	1978	1977
Deaths recorded for the week:	140	137
Births recorded for the week:	94	283

/S 8-7-78

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

rvyn F. Silverman, M.D., M.P.H., Director

Aug. 7, 1978

AUG 9 1978
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LAMAZE CHILDBIRTH PREPARATION CLASSES

At Health Center #4, 1490 Mason Street at Broadway:

Classes in the Lamaze method of childbirth preparation are being offered for the expectant mother in her 7th month, and her labor coach, at Health Center #4. Starting August 7 & 8, two concurrent series of 6 week classes will be offered on Monday and Tuesday evenings from 6-8 pm. One class will be held in English and the other will be in Cantonese taught by Lamaze instructors from the Chinatown community.

The series will teach breathing techniques, exercises for both before and after the birth, and body changes during pregnancy to help the expectant mother cope with discomfort associated with labor and deliver. The coach, father, sister, friend, or other supportive person will be taught to assist the mother with these techniques during the birth process and to offer comfort during each phase of labor.

The classes are being made possible through contributions of the March of Dimes, San Francisco General Hospital, and the Public Health Department's District Health Center #4.

Women who are in their 7th month of pregnancy should call the following phone numbers to reserve space: 362-5728 daytime/681-9253 evenings.

At Health Center #3, 1525 Silver Ave:

Lamaze childbirth preparation classes are also being offered at District Health Center #3. Beginning on August 8, classes will be held on Tuesday evenings from 6:30-8:30 at the health center. There is a fee of $ per couple for the 6 week series. To make an appointment contact Health Center 3 at 468-3664.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31st WEEK ENDING 8/5 , 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
bbiasis	4	85	32	83	6
ickenpox	-	161	115	172	80
norrhea	339	10486	9851	9894	7460
patitis, Viral	8	628	664	929	360
asles	-	9	41	471	7
ningococcal Inf.	-	5	3	6	1
ningitis, Other	1	33	24	28	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	14	10	195	19
Pertussis	-	1	1	5	1
Rubella	-	7	27	79	8
Salmonellosis	4	85	80	95	55
Shigellosis	16	232	232	378	105
Syphilis	25	886	1100	1147	807
Tuberculosis	6	230	160	205	169

aths recorded for the week from communicable diseases:

eumonia - 0

patitis - 1

	1978	1977
Deaths recorded for the week:	134	131
Births recorded for the week:	473	278

/S 8-14-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Mervyn F. Silverman, M.D., M.P.H., Director

AUG 21 1978

August14, 1978

The Shanti Project

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Shanti is a Sanskrit word meaning "inner peace." The Shanti Project is a volunteer counseling service that offers caring, on-going support to patients who are dying and their families. The Project, which was organized by Dr. Charles Garfield, a clinical research psychologist at UC Medical Center's Cancer Research Institute, has been in existence since 1975. The original 14 volunteers has grown to nearly 100, with volunteer counselors providing services totally without cost to the clients.

The Project utilizes a group of volunteers who have the interest, ability, and time to work with the dying and those close to them. Shanti volunteers come from varied backgrounds and personal beliefs but all share a willingness, strength and sensitivity to confront humanely the realities involved in dying. Most important, they share a willingness to let each person die in his or her own style and their awareness that there is no "right" way to die. Volunteers make a commitment of 8 to 10 hours per week for at least a year. They are matched with a client whose needs they are best equipped to meet, and then go out into the community to visit with clients anywhere support is needed.

Shanti's services are available to anyone who wants to use them - all they need to do is call. The problems of those who call are varied, but one common element is the need for someone to listen, to give feedback, to be willing to do what needs to be done - this is what Shanti offers. In general, the requests for counseling services come from 4 different kinds of clients:

1) patients desiring one-to-one counseling, companionship, and emotional support as they face their on death.
2) families of dying people desiring the same sort of help and in maintaining open communications throughout the process.
3) Survivors of the death of a family member or close friend who are suffering the trauma of loss, with its pain, fear, and loneliness.
4) those who work with dying people and who consequently need support, back-up consultation, or just someone to talk to.

In addition to counseling, the project also offers training programs around death and dying, and serves as model for others who wish to develop similar services.

If you would like the services of a Shanti counselor, or if you'd like to find out about becoming a counselor yourself, call the Shanti Project at: 849-4980

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32nd WEEK ENDING August 12, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
ebiasis	2	87	37	84	6
ickenpox	0	161	115	174	81
onorrhea	311	10797	10251	10128	7753
epatitis, Viral	5	633	687	687	371
easles	0	9	41	41	7
eningococcal Inf.	0	5	3	3	1
eningitis, Other	2	35	24	24	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	1	15	10	199	19
Pertussis	0	1	1	5	1
Rubella	0	7	27	79	8
Salmonellosis	1	86	82	102	57
Shigellosis	13	245	243	385	105
Syphilis	35	921	1127	1172	845
Tuberculosis	11	241	162	206	173

eaths recorded for the week from communicable diseases:
neumonia - 4

	1978	1977
Deaths recorded for the week:	143	134
Births recorded for the week:	329	171

S 8-19-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

vyn F. Silverman, M.D., M.P.H., Director — Aug. 19, 1978

Something for Nothing

The Consumer Information Center publishes a wide variety of booklets, pamphlets, and fact sheets which are available to the public free of charge. All you have to do to receive the literature of your choice is send a postcard with your name, complete address, and zip code, along with the code numbers of the publications you'd like to:

Consumer Information Center
Dept. 27
Pueblo, Colorado 81009

Listed below are just a few of the numerous titles available; listings of other titles may be obtained by writing to the same address as above.

Nutrition: Food At Work for you (558 F)
A Consumer's Guide to food labels (548 F)
Food Safety for the Family (555 F)
A Parents Guide to Childhood Immunization (519 F)
Successful Jogging (567 F)
Breast Self-Examination (567 F)
The Common Cold: Relief But No Cure (579 F)
Your Rights As a Disabled Person (651 F)
Mixing Medicines? Have A Care! (587 F)
Feeding the Sick Child (516 F)
Myths About Vitamins (562 F)
A Guide to Consumer Action (686 F)
RX for Sound Teeth (#303)
How to Keep Your Family's Health Records (#111)
Directory of Federal Consumer Offices (528 F)

AUG 24 1978

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STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33rd WEEK ENDING August 19, 1978

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
ebiasis	2	89	38	85	6
ickenpox	0	161	115	174	81
onorrhea	355	11152	10519	10594	8020
epatitis, Viral	24	657	713	974	379
easles	0	9	41	475	7
eningococcal Inf.	0	5	3	7	1
eningitis, Other	2	37	24	32	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	0	15	10	203	19
Pertussis	0	1	1	5	1
Rubella	0	7	27	79	8
Salmonellosis	1	87	86	104	64
Shigellosis	9	254	248	411	110
Syphilis	19	940	1152	1222	871
Tuberculosis	5	246	164	210	183

aths recorded for the week from communicable diseases:
neumonia - 1

	1978	1977
Deaths recorded for the week:	138	137
Births recorded for the week:	252	242

8-31-78

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ervyn F. Silverman, M.D., M.P.H., Director

8-31-78

AUG 31 1978

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The Weekly Bulletin will no longer be published as of this final issue. In its place he Department will soon begin a Newsletter which will come out on a monthly basis. It is ur hope that an expanded format will better serve our needs by making Department personnel, onsumers, and other health providers more aware of our activities.

If you wish to be on the mailing list for the Newsletter you must complete and return ne form below, otherwise we will assume you are not interested in receiving it. The first ssue will come out in September, although the exact date is not yet known; therefore, it is mportant that you return the form as soon as possible.

We appreciate the loyal readership the Weekly Bulletin has had, and look forward to ending you our new publication.

I would like to be on the mailing list for the Health Department's Newsletter:

ame_____
ldress_____
ity_____ State_____
hone Number_____ Zip_____
umber of copies requested:_____

end completed forms to:
SF Public Health Newsletter
rm 204 101 Grove St.
SF 94102

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34th WEEK ENDING August 26, 19788

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
nebiasis	3	92	40	85	6
hickenpox	-	161	115	174	81
onorrhea	333	11485	10820	10886	8242
epatitis, Viral	44	701	730	1008	388
easles	-	9	41	475	7
eningococcal Inf.	1	6	3	7	1
eningitis, Other	-	37	26	32	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1978	1977	1972-76 Range High	Low
Mumps	-	15	10	204	19
Pertussis	-	1	1	5	1
Rubella	-	7	27	79	9
Salmonellosis	3	90	86	109	65
Shigellosis	9	263	260	428	113
Syphilis	35	975	1185	1272	891
Tuberculosis	10	256	165	218	188

eaths recorded for the week from communicable diseases:

Pneumonia	2

	1978	1977
Deaths recorded for the week:	113	148
Births recorded for the week:	90	145